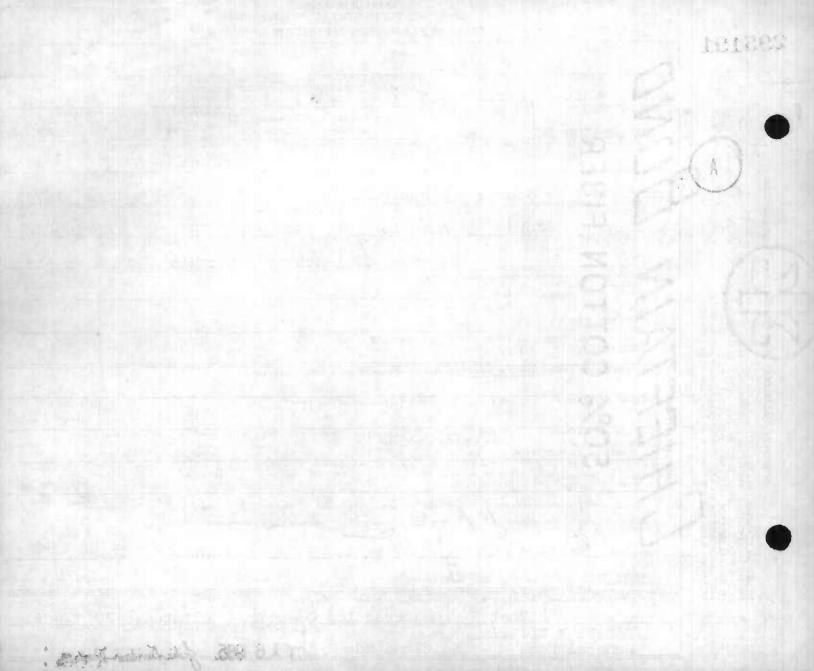
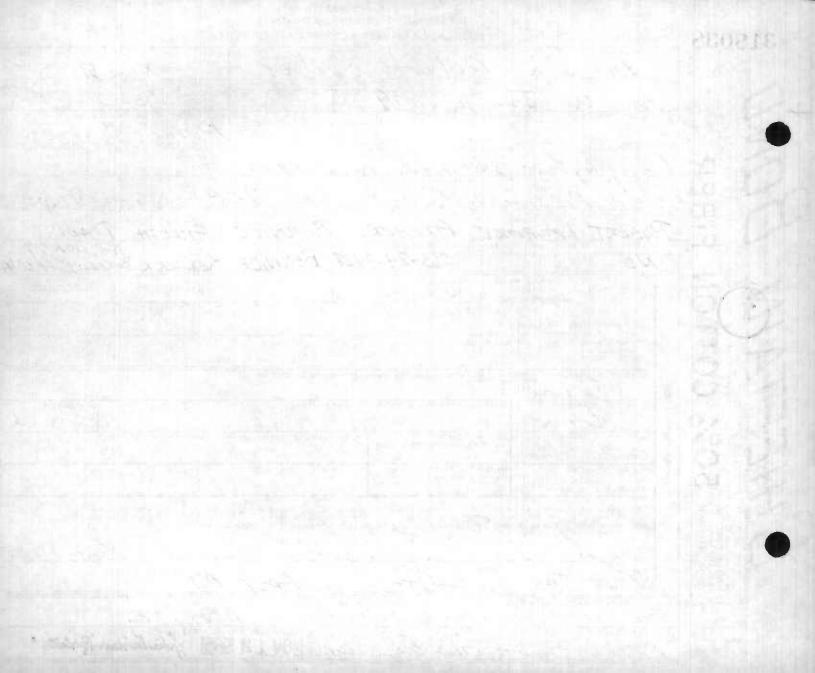
STATE OF MARYLAND lm GoO8 item 16b - STATE REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI DEATH MATED Yolanda Consuelo Anderson 16. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST RIRTHDAY PRONOUNCED June 10, 1903 82 DEAD Female White 76 CITIZEN OF WHAT COUNTRY In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNT FOREIGN COUNTRY) MARRIED NEVER MARRIED Virginia ILS.A. DIVORCED Prince George's County ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Leland Memorial Hospital Riverdale Housewife Own Home 113d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's College Park YESTO NO [] Maryland 8708 Rhode Island Avenue 20740 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST George E. Chappelle Ethel Payne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT No 577-10-2754 Frances A. Sharpe (Daughter) Same as 18 CAUSE OF DEATH (Enter only one cause per line for Ja). PART I DEATH WAS CAUSED BY: Canditians, if onv. which gave rise to immediate cause (a) stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Hamicide Suicide Undetermined manner SIGNATUS NAME ADDRESS 1919 Seminary Road Silver Spring, Md. Rogers John S. 230. BURIAL, CREMATION, REMOVAL 236. DATE Upperville Virginia 10/14/85 Fauguier Burial Ivv Hill Cemetery 07/84 BP 25M 4 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR 295191 1. DECEASED NAME 20 DATE KNOWN W MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Paul John Antonio 10-10 19 85 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1:30 Male White April 15-69 16YRS DEAD 19 85 p. M 10 - 10TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington DC USA WIDOWED DIVORCED Prince George's County, II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Student Prince George's General Hospital Cheverly SUAL RESIDENCE LIF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Forestville Pr George YES 🗌 2508 Boone's Lane NO [ 20747 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Anthony John Eva Spring Antonio 48 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 216-98-4823 Anthony J Antonio Same as #13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Blunt Trauma to Head IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION USED / OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW
EXECUTE THE CERTIFICATE, WRITING THE WORD
PAGE 4 SHOULD BE FORWARDED TO THE CHIE
TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE US
AFTER DEATH, WITH THE STATE DEPARTMENT OF
BALTMORE, MARYLAND, 21 201 PRIOR TO BURLY (head only 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY approx. 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXXMONTH DAY YEAR UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 9 . OOP.M. 9-28 1985 subject fell off skateboard which was being 218 PLACE OF INJURY LATHOME 211 LOCATION towed by an auto STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK road 2000 blk. Overton Dr., Forestville, Prince (head only George's Co., Md. Autopsy XX 22a I certify that I took charge of the re Accident XX death resulted from Natural causes Suicide Undetermined manner TITLE (SPECIFY) 10-11-85 DATE Assistant EXAMINER'S NAME Dennis F. Smyth. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 120ct85 Resurrection Cemetery Clinton PG Md 07/84 Burial 25M 24 FUNERALDIRECTOR E Wilhelm. RESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Funeral Home Suitland Md (VR A15 ME (5))

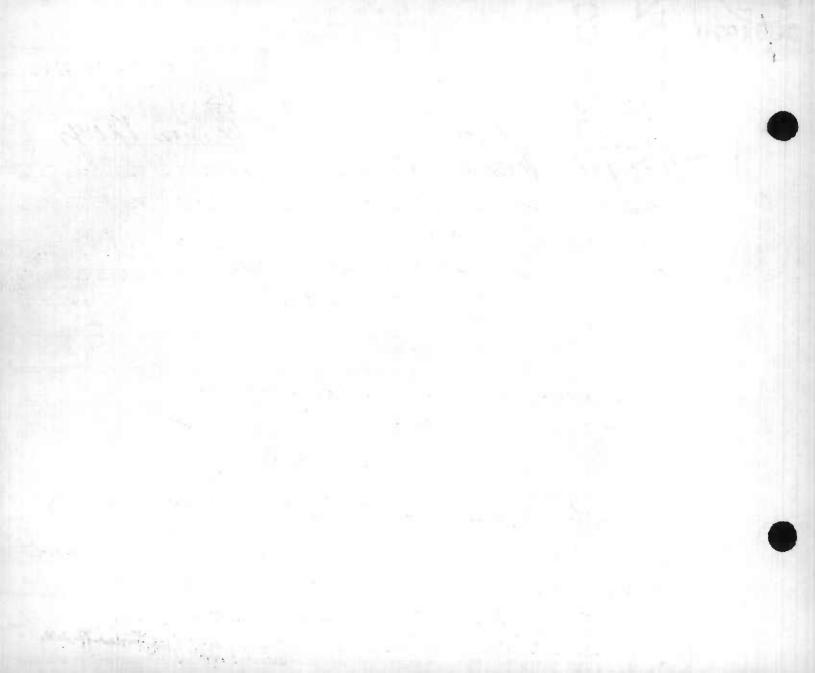
STATE OF MARYLAND



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		11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 7 9
	318038	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	S-4 5 5-4
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1	0 00570	160	WAS DECEASED EVER IN U.S. AR	IMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 25	Parma
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	A SETAGE		NO	263-09-3928 DERNICE KENDRICK BORK	DEYSPRUM
	30840	-	18 CAUSE OF DEATH (Enter or	nly one couse per line for (p), (b), and (c).)	APPROXIMATE INTERVAL
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	DA LONG	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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	ISSEC		AT WORK - AT WORK		
	ATE, DAW, PRE, PATE, ALD, 2		22a I certify that I took chare	ge of the remains described above, held an Autopsy 🔲, Inspection 🔀 Inquiry 🔲, and in my opinio	on
	NO THE S		death resulted from: Natu	ral course Accident Suicide , Homicide Undetermined monner ,	
4	EXAMI CERTIFI ULD BE DIRECT WARYLL		Julia Julia		
	EXAMINER: CERTIFICATION ULD BE FOR: I, WITH THE: MARYLAND		ACTUA	TITLE (SPECIFY)	2 11000
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	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNEMAL AFTER DEATH BALTIMORE, M	23o. B	URIAL, CREMATION, REMOVAL		
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304070	FOR STATE REGISTRA	A.R		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 5 2 9 2 7 3  CERTIFICATE OF DEATH  REG. NO.							
ND 21201  Cours offer death. Page 4 may be filled in by the funeral director. page 3 and be filled within 72 hours offer death may be notified at ance.	1 DECEASED N/ (1YPE OR PRINT)  3. SEX  7a. BIRTHPLACE COUNTRY)  11 1 1 N  10 9 11 Y OR TOV  USUAL RESIDEN 13a. STATE	AME FIRST MAV  STATE OF FOREIGN  OIS  CE (IF NURSING NO 1) 196	TA RACE  76 CITIZENSO	HOSPITAL, NURS UCH FACILITY, GIVE STREE  GENERAL TO IN. GIVE RESIDENCE BEFOR  13c. CITY OR TO	5. DATE C MOSH  WARRIEL WIDOWE ING HOME C ET ADDISSION) WN	DAY OF THE PROPERTY OF THE PRO	6. A)  EAR  6. A)  ED 1  ED 1  ON 120  (1YP)  MITS? 130.8	USUAL OCCUPATE OF WORK FOR MOST SECRETAR STREET ADDRESS	MONTH D/  // / VRS.  FION OF WORKING INITY  / ZIP CODE	G - 85 B LINDSRE 1 YEAR OPENING DAYS 1725 KIND OF INDUSTRE VIL SE	Th. HOUR  4/10 P.M  ENDER 22 IND.  HOUSE DATE.  RVICE CO
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ines that the death certifications and a please remove corbangal buriol, cremation, or removiny, or other froumatic event.	Condition gove riscouse is underlyin	ns, if ony, which to immediate to immediate to immediate to its t	DUE TO, (c)  DUE TO, (c)  the (b) the DUE TO, (c)	OR AS A CONSEQUENCE OF A CONSEQUE	UENCE OF	not related to the	HE TERMIN AL		NDITION GIVE		0.160 20
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The low requires that the death certification in the death certification by date this certificate has been signed by the ottending phy on the certificate has been signed by the ottending phy on the build-tronsit permit. Then please remove corbonogental control by the please remove corbonogental certification in the please remove corbonogental certification in the please remove corbonogental certification in the please that the corporation certification in the please that the corporation is the please that the please control injury, or other troumonic event the certification in the please that the please th	TO DATE  190 DATE  210. ACCID OR CONTRI (IF EITHER 21d. INJUIN ANILE AT WORK	DIN FOR TO	G TOP CONI	OF INJURY A.M. MONTH  E OF INJURY STREET, FACTORY, OFFICE	DAY YEAR 19	WAS PERFORMED  21c HOW INJURY  211 LOCATION STREET	Y	OO AUTOPSY?	URY IN ITEM 18 PAI	COUNTY	OF DEATH? NO STATE
TO HOSPITAL OR ATTEND retoined by the hospital of TO FUNERAL DIRECTOR: should be desoched for use with the State Dept. of Heo IMPORTANT: If item 21 is m	22d. PHYS	the decessor of the comment of the c		by olter death.	MAME OF C	d that in(my) our) DEGREE ATTEN	DING MAINTENANCE OF REAL PROPERTY 12		AFF ICIAN []	27c. DATES	SIGNED /2(0/b)
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n e-e			EASED NAME FAST	,	MIDDLE	t.	CATE OF DEATH	REG. N	O. MONTH O	Y YEAR	26. HOUR
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ING PHYSICIAN The low re otherding physicion.  After this certificate has been on she buriolitronist permit in hand Mental Hygiene prior ocked or frem 18 shaws ony in	力	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( IF EITHER, NOTIFY MEDICAL EXAMINI 210 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI AT WORK AT WORK	21b. TIME O HOUR A. ER) 21r PLACE (AT HOME, STI	M. MONTH D./ M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURS 211 LOCATION STREET	YES NO RED LENTER NATURE OF INJU	IN CERTIFY YES IRY IN ITEM 18, PA	COUNTY	OF DEATH?
ACTENDING PHYSKIAN The loss hospital or attending physician. DIRECTOR, After this certificate has ched for use as the Duriol-transit per oppi of Health and Mental Hygienes, frem 21 is marked or frem 18 shaws.	7	MEDICAL	238. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER, NOTHY MEDICAL EXAMINA 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has sow the deceased alive above. (1) (wesh duch) (did 22b. SIGNATURE  22d PHYSICIAN'S NAME ITYM  22d PHYSICIAN'S NAME ITYM  22d PHYSICIAN'S NAME ITYM	21b. TIME OF HOUR A. P. 21r. PLACE (AT HOME. STILL) pitol) ottended the non	M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F e deceosed from 4 19 olter death.	AY YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURE  211. LOCATION STREET  19. \$5  d that in (my) (our) apraion of the companion of the c	YES NO PRED LENTER NATURE OF INJU	IN CERTIFY YES SIRY IN ITEM 18, PAI WN  /2 4 1 lote and hour	COUNTY  9 9 5 , to and from the country	STATE  st
TIENDING PHYSICIAN The lot hospital or attending physician. DIRECTOR After this certificate has oched for use as the burial-transit per Dept of Health and Mental Highers. Here 21 is marked or them 18 shaws.	7	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CORE ETHER, NOTHER MEDICAL EXAMINATION 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hose sow the deceased olive obove. (1) (week duch) (did 22b. SIGNATURE	21b. TIME Of HOUR A. P. 21r PLACE (AT HOME. STI (DITO) ottended the control of the body  CORPRINT!  DAM SON  AL 23b. DATE 10/28/	M. MONTH D.  M. OF INJURY REET, FACTORY, OFFICE, F  e deceosed from glier deoth.  19  23c. P  Ha.1	AY YEAR 19 ARM, ETC.)  S.S., or	211 LOCATION  211 LOCATION  211 LOCATION  19 55  d that in (my) (our) apraion of the companies of the compan	YES NO PARENTER NATURE OF INJUDENTED LENTER NATURE DE LANGUE DE LA	IN CERTIFY YES  IRY IN ITEM 18, PAI  WN  /24 1  lote and hour  IFF CIAN   COMPA  THE PT	COUNTY  9 25 1  ond from the county  22c. DATE S  county  ince Ge	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE

STATE OF MARYLAND

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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G NO				

		REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	WIDDLE	2	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
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ř	3. SEX	4	RACE	. S. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS
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š	1	MATIOVILLE -	THER INSTITUTION GIVE RESIDENCE	RMOOT,	24.	Machinist		Navy Y	ard
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i	A1 FA	THER'S NAME	DDIE '45	T	15. MOTHER'S MAIDEN NAM	A MIDDLE	Ω	() tas	1
Z.	14 n 14	VAS DECEASED EVER IN U.S. ARM		neau SECURITY NO.	17 INFORMANT	ADDRI	<u>d</u>	urke	
			NAR OR DATES) 579-4	54-6343	Rita E. Hol			ame as	13e
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	RV.		(2.0 06.4.4)	man t	-	BETWEEN	MATE INTERVAL
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5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. JF YES,	WERE FINDIN	IGS USED
	RTIFI					YES NOX	YES		NO [
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	ME	WHILE NOT WHILE ALL WORK	(AT HOME STREET FACTORY, O	FFICE FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
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		sow the deceased alive on abave, (1) (we) (did) (did nat)	yew the bady after death.		id that in (my) (aur) apinion d	leath occurred on the d	ate and hour	and Iram the	couses stated
		THE SIGNATURE LYCH	an .		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	221 DATE	3-18
		Roger B. Inghar			220 6510 Kenilw Riverdale,	orth Avenue	. Sui	te 2400	)
T	23a B		23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(:	Burial	10/5/85	Gate of	Heaven Cemete	ry Silver S	pring	Mont.	Maryland

DHMH - 16 60M 7/84

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should be detach with the State De

Francis Gasch's Sons Funeral Home, P.A. (VRA 15, 4) 4739 Baltimore Avenue Hyattsville, Md. 20781 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE The Saidson Randell

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ŀ	3 SEX		Mada	Is date of Birt	alyean	To AGE (IN YE)	200	iley				4/0	-/- 19.	857
ľ	JE/		KACE	MONTH DA	YEAR	LAST BIRTHDA		DER 1 YR.	HOURS I		OUNCED	MONIA	DAY	TEAK 28 HOL
Fe	1	male	Cau.	8-19-18	97	88 YR	S.				DEAD	10-	12-19	85100
7		RTHPLACE (51)	ATE OR	76. CITIZEN OF	WHAT COUN	ITRY?	8. ALADDIE	D NE	VER MARRI	9. BA	LTIMORE CIT	Y OR COU	NTY OF DEAT	тн
ļ,	_	nnessee		U.S.A.			WIDOWE	-	DIVORCI		ince Ge	-		
		TY OR TOWN O	OF DEATH	11. NAME OF H	OSPITAL NU	RSING HOME					CCUPATION		TIZE KIND C	OF BUSINESS
				(IF NOT IN SUCH	FACILITY, GIVE S	TREET ADDRESS)					F WORKING LIFE)	,		DUSTRY
		nham	IF IN NURSING HOME	Magnoli				Home		House	vife		Own H	ome
		TATE	13b. COUI			OR TOWN		13d INSIDE CI	ITY LIMITS?	13e STREET A	DDRESS			
1	la:	ryland	P.0			yn Hei		YES 🛣	NO 🗌		l'ecumse	h Pla	ce 20	740
ī	4 F/	THER'S NAME						15 MOTHE	R'S MAIDE	N NAME				- 1
I	1.7.2	FIRST		MIDDLE	001	LAST		D - 1	IRST		WIDDLE		LAST	
ŀ	Wi 160 V	VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	I file SO	yean	NO.	Bel 17. INFORA		0.4 No	· ADDR	223	Hick	
l	(Y	ES, NO. OR UNKNOV	(IF YES, GIV	E WAR OR DATES)					01	04 Nava			annam,	
H	<b>NO</b>					-20-20	59 (	Georg	e Bai	ley,	Mary	land		
ı		18 CAUSE OF	DEATH (Enter a	nly ane couse per li	ne for (a), (b	and (c).)	/			,	1 -	~	APPROX	XIMATE INTERVAL
	-	PARTIDE	ATH WAS CAUSE	ATE CAUSE (A	4 %	ip h	wite	ne 1	With	come	11/1661	lems	BETWEEN	OTTEL AND DEA
		XX	70 MINEULA		AS A COL	SEQUENCE C	)F			-	Z			
		Canditian	s, if any, which											
		gave rise	e ta immediat	e / (b)										
		lying cous	stating the <u>under</u> ie lost.	DUE TO, C	R AS A CON	SEQUENCE C	)F							
l				(c)									SIL	
ı		PART 2 OTHER SIG	NIFICANT CONDITION	CONTRIBUTING TO DEA	H RUT NOT REL	TED TO THE TERMI	NAL DISEASE O	OR CONDITION	N GIVEN IN PAI	RI 1 (a)				
l	N	200												
	Ĕ	19a. DATE OF	OPERATION	Tigh CON	ITION FOR	WHICH OPER	ATION WA	S PERFOR	MED2				In Allice	DOCUG
	FIC			170. CON	0	1 and to	000	17					20 AUTO	JEST?
	CERTIFICATION	at Evera	CALLER		J	Macil	UNG	nu	U				YES	□ NO 😿
	CE	210 EXTERNAL			OF INJURY M. MONTH	DAY YEAR	21c HO	WINJURY	OCCURRE	D LENTER NATURE	OF INJURY IN ITEA	A 18 PART I OR	PART 2)	17.74
	CAL		G CAUSE OF		M. 8 -	26 1980	5							
N	MEDICAL	21d INJURY O		21e PLAC	OF INJURY	(AT HOME,	211 LOC							
	E	WHILE D	NOT WHILE		SIMA	TC.)//	100	REET A	-150	1 WCITY	OR TOWN		OUNTY	STATE
		AT WORK	AT WORK	1,100	Jing	Monu	19-70	Offer	Dotell	le Coak	of april	ant il	y GRA	, mes
		220 I certify	y that I taak char	ge of the remoins d	escribed abo	ve, held an	Autapsy	, [],	Inspection	Ind	juiry .	ond a my	ppinian	/
		death resulted		urol couses .	Accident		cide .	Homic		Undetermine		7	F	
			1		- Coolin	, 301				Ongetermin	o monner	٦,		
l		ACTUAL /	Num	SAX	V1.	11		THE (SI	PECIFY)			DATE	10	12 Ge
١		SIGNATURE	Jugar.	010/1	MIL	quez	M.D	Jan July	ny	MEDICAL I	XAMINER	SIGN	VED 10-	13 X7
ļ		EXAMINER'S N	samt /	/	(	1 0								
	-	(TYPE OR PRIN	T) [ Augu	sto P.Ro	drigue	z M.D.	A	DDRESS 5	009 R	ayburn	Ct. Ca	mp Sp	rings,	Md.
2										23d. LOCATE				
	30.B	JRIAL, CREMAT	ION, REMOVAL	23b DATE	23c 1	NAME OF CEN	ETERY OR	CREMATO	DRY	1238 FOCKIL	NC			
	(5	PECIFY)	ION, REMOVAL		1000					CITY OR TOV	/N	со	YINU	STATE
	B	urial		10-15-85	Ge	orge Wa	ashin			Ade1p	hi P.G	Ma	ryland	
2	B	urial Ineral Direct ancis G	asch's S		Ge gal Ho	orge Wa	ashin	gton		Ade1p	hi P•G	Ma Gistrar's Davido	TYLAND	

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#### FOR STATE REGISTRAP

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

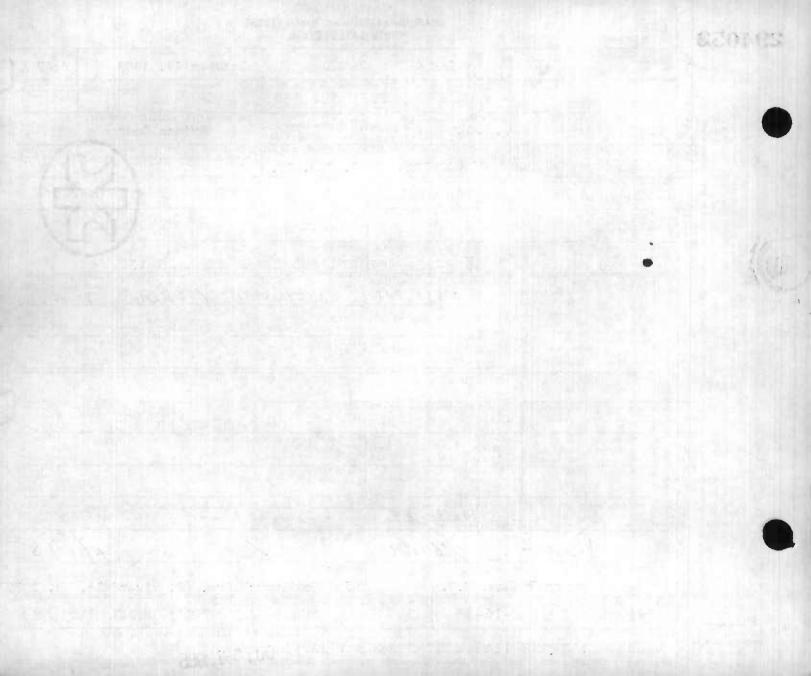
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DEC NO					

		REGISTRAR				CERTIF	ICATE UF	DEATH	REG.	NO.		
		CEASED NAME	FIRST	N	AIDDLE	L/	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
7	TYPE	OR PRINT)	Car1		J.	BANSI	BACH Sr		October	11,1	985	2:25 A <sub>M</sub>
	3 SE	X		4 RACE		5. DATE O			6 AGE IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Whit	ce	12	16	1903	81	YRS	MONINS DAIS	HOURS MIN.
0	7a. Bt	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NO		9 BALTIMORE CITY		Y OF DEATH	
7	1	New York		U.S.A	A.	WIDOWE	D NEVER	WORCED	Prince G	eorge'	s	MD
5	10 CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	Mechanica	ION DE WORVING I	125 KIND C	of Business OR ughs
2	L	anham		Doctors	' Hospita		Pr. Ge	o. Co.	Engineer	<u></u>		ration
1	USU,	AL RESIDENCE (IF N	136 COU		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	136 STREET ADDRESS	ZIP COD		
2	M	arvland	P.G.		Bladens		YES X	NO 🗆	5999 Eme		-	20710
>	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA			IAS	
	100	Michae	-1		Bansba	ch	C	harlott				mitt
		WAS DECEASED EV	ER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMA			RESS		
V.		No	(11 163 01	VE WAR OR DATES!	577-03-6	025	Mary	E. Bans	bach (Wife	) Sam	ne as 13	le
		18 CAUSE OF DE	ATH (Enter o	nly one couse per	line for (o), (b), one	dici.						IMATE INTERVAL ONSET AND DEATH
۱		PART I. DEATH		ED BY. TE CAUSE (0)	Acute	Res	PIRAT	GRY	INSUffici	enas	1	Me
	10			DUE TO, OF	R AS A CONSEQUE	NCE OF						13:110
		Conditions, if o		( (b)	CHEM	ic o	SSTRU	CTIVE	Nalmina	14 Ds	el 10	1
4	- 3	gove rise to		DUE TO, OR	R AS A CONSEQUE	NCE OF				/		,
	1111	underlying co	use lost	((c)								74
	_	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATES	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	0
	ION	C	order	e mu	flecine	9 1	econsi	214 7	e aprilic	rass	Musica	M
Ž.	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?		SWERE FINDIN	
-	RTIF		201F.						YES NO		ES 🗌	NO 🗌
9		210 ACCIDENT WAS		216. TIME OF		YEAR	21s HOW IN	JURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	CAL	THE EITHER NOTIFY A			М.	19						
	MEDICAL	21d INJURY OCC	URRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE FA	ARM ETC 1	211 LOCATI		CITY OR	IOWN	COUNTY	STATE
d	2	AT WORK AT	WHILE							lu		
d				ital) attended the	edeceosed from	9/22		_, 19		7	19 00	that (It (we) lost
		ntiove, Differ	eased alive or et tillid) (did n	it i view the back	alter death.	on on	d that in (my	(our) opinion	deoth occurred on the	date and ho	ui and from the	causes stated
		77h SIGNATURE		4	1		DEGREE				22c DATE	SIGNED
		15	0369	1/2	4			PHYSICIAN X	MEDICAL ST MEDICAL PHYS	AFF ICIAN []	10/	11/85
		224. PHYSICIAN'S		4	3		22e ADDRES				2	0737
		Roger Bo	owman l	ngham, N	1.D.		6510	Kenilw	orth Ave.	#7, R	liverdal	e, Md.
	23a E	BURIAL, CREMATIC	N, REMOVAL				EMETERY OR		23d LOCATION		COUNTY	STATE
		Buria	_	10/14,	/85   Fo	rt Li	ncoln	Cemeter	y Brentwo	od F	G. M	laryland

DHMH - 16 60M 7/84 (VRA 15, 4) <sup>24</sup> FUNERAL DIRECTOR
Francis Gasch's Sons Funeral Mome, P.A.
4739 Baltimore Avenue Hyattsville, Md. 20781

25 PREGISTRAR'S SIGNATURE

Programme .



FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9 2 7 9

19	T. DEC	STATE REGISTRAR LEASED NAME	FWSZ	Well	DDLE		ICATE OF DEATH	REG. N		DAY YEAR	26 HOUR
78	1,196	CH FRINC)	Lucy			Dog	kwith	Oatob	om 1 at	1005	2105
ned L	3.583			RACE	n	5. DATE C		6 AGE (IN YEARS LAST B		.,1985	IF UNDER 24 HR
2 45	-	C				MONTH	H DAY YEAR			MONTHS DAYS	HOURS MIN
40 /1	74 80	emale RTHPLACE INVARIONED	turnina 75	White	HAT COUNTRY?	9	st 18, 1906	79 9 BALTIMORE CITY	YRS OR COUNTY	OFDEATH	
16 0/2	1 5	OUHINI	200		TIAT COUNTRY.		D NEVER MARRIED				
31 4		irginia TV OR TOWN OF DEAT		U.S.A.	OSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	Prince Ge			OF BUSINESS C
300 /1/6				(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	SK OTTEK INSTITUTION	(TYPE OF WORK FOR MOST		(E) INDUSTRY	
	1115117	Riverdale	NO HOME OF OTH		nd Memor			Housewife		Own I	lome
35 86	13a S	TATE	136 COUNTY	1	36 CITY OR TOW	'N	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
- 1		aryland	P.G.		Hyattsví	lle	YES X NO	3808 Oliv	er Str	eet 20	0782
To March	The same	THER'S NAME	HIDD	DE:	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	57
19797		William	A.		Jett		Lola	Α.		Ke.	
P. 6		VAS DECEASED EVER IT	IN U.S. ARMED		66 SOCIAL SECU	IRITY NO.	"(Fersonal Re		學)880	8 01d I	Branch .
. 16 1/		No			577-30-0	)203	Nancy Miller	Clinton	, Mary	land 2	20735
Pending accords on or y		Conditions if one	which (	DUE TO, OR	AS A CONSEQUE	ENCE OF	JHOUL		7.5	1	
d by the attending sale remotion, and of cremation, and prother traumatic.		Conditions, if any, gove rise to imme course iii), stating underlying cause	ediate	DUE TO, OR	AS A CONSEQUE		J 77001				
n ugned by the attending Ten please retoors carb to beind, clembrian, an injury, or other treamptic.	NOI	gave rise to imme course (ii), stating underlying cause	ediate 1 the last	DUE TO, OR  (b)  DUE TO, OR	as a conseque	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COP	NDITION GIV	/EN IN PART 10	0
Ans been signed by the attending the period of the plants retooke corbinate to buring of complians, as the period of period of complians, as the period of period of the p	TIFICATION	gave rise to imme course (ii), stating underlying cause	ediate 1 the lost. IFICANT CON	DUE TO, OR  (b)  DUE TO, OR  IDITIONS COM	AS A CONSEQUE	ENCE OF		INAL DISEASE OR COI	20b. IF YES	/EN IN PART 10	NGS USED
rentrans has been ugued by the attending advances and the places confined from places entoyer carbonal Host Propose carbonal Committees are entoyers as any injury, or other treatments.	CAL CERTIFICATION	gove rise to imme coure (ii), storing underlying coure PART 2. OTHER SIGNI	ediate 1 the 1 dost.  HICANT CON  ION  INTERG   RUISE OF BEATH	DUE TO, OR  Ib)  DUE TO, OR  IDITIONS CON  196 CONDIT	AS A CONSEQUE  NTRIBUTING TO E  ION FOR WHICH  INJURY  MONTH DA	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED OF DEATH?
the this certificate has been upped by the attending in the buildhours general. Their place renove code is and Mental Hypitale prior to build, clembrian, and red og them 8 shares any injury, or other traumatic.	MEDICAL CERTIFICATION	gove rise to imme course iii), storing underlying cross  PART 2. OTHER SIGNI  No. DATE OF OPERATO  The ACCIDENT WAS UPOR OR CONTINUOUS CO.	HICANT CON	DUE TO, OR  1b)  DUE TO, OR  1DITIONS CONDIT  196 CONDIT  216. TIME OF HOUR A.M  P.M  216 PLACE O	AS A CONSEQUE  NTRIBUTING TO E  ION FOR WHICH  INJURY  MONTH DA	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIFYEDURY IN ITEM 18 F	S, WERE FINDI	NGS USED OF DEATH?
CTOR, After this certificate has been ugand by the attending 8 for use in the businest source period from please response carbonization and Meetinal Hygiete price to businest clemotion, or in 31 in marked at them. It shares any injury, or other treasmatic.	MEDICAL CERTIFICATION	gove rise to imme course (iii), stating underlying status (iii), stating underlying status (iii), stating underlying status (iii), stating stating (iii), stating under language (iii), st	HICANT CON	DUE TO, OR  1b)  DUE TO, OR  1DITIONS COT  19b CONDIT  21b, TIME OF HOUR A.M  P.M  21e PLACE O [AT HOME STREE	AS A CONSEQUE  NTRIBUTING TO E  ION FOR WHICH  INJURY  F INJURY  ET, FACTORY, OFFICE, F  deceased fram	OPERATIO  AY YEAR 19  ARM ETC)	NOT RELATED TO THE TERM IN WAS PERFORMED  21t. HOW INJURY OCCUR!  211 LOCATION STREET  19 8	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES IN CERTIF YE URY IN ITEM 18 F	S, WERE FINDING CAUSES (S PART I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
At DRECTOR After this certificate has been ugged by the attending structhed for use as the bouldshooting than plicate resource carbone Dept. of Health and Mental Physiote prior to burial, clemation, or it if them 21 is marked at them as the bridges any injury, or other treatmatic.	MEDICAL CERTIFICATION	gove rise to imme course 111), stabing underlying course 112). Stabing underlying course 114. ACCIDENT WAS UPON OR CONTRIBUTING CAT THE INTURY OCCURRE 114 IN 100 In 10 A 1 WORLD AT THE INTURY OCCURRE 115 IN INTURY OCCURRE 115 IN INTURY OCCURRE 115 IN INTURY OF THE INT	HICANT CON	DUE TO, OR  1b)  DUE TO, OR  1DITIONS COT  19b CONDIT  21b. TIME OF HOUR A.M P.M  21e PLACE O [AT HOME STREE  attended the ew the body o	AS A CONSEQUE  NTRIBUTING TO E  ION FOR WHICH  INJURY  F INJURY  ET, FACTORY, OFFICE, F  deceased fram	OPERATIO  AY YEAR 19  ARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  211 LOCATION STREET  19 8 conditions and that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES NO CERTIFY YE URY IN ITEM 18 F	S, WERE FINDING CAUSES (S PART I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE  that (I) (we) Ic causes stated
UNERAL DIRECTOR, After this certificate has been signed by the antending till be sitractized for use as the business according to satisfactured for use as the business according to set of the sitraction and Mental Hygines prince to business control the STANT. If them 21 is marked as the models shares any injury, or other traumatic.	MEDICAL CERTIFICATION	gove rise to imme course (iii), stating underlying status (iii), stating underlying status (iii), stating underlying status (iii), stating stating (iii), stating under language (iii), st	HICANT CON	DUE TO, OR  1b)  DUE TO, OR  1DITIONS COT  19b CONDIT  21b. TIME OF HOUR A.M P.M  21e PLACE O (AT HOME STREE  attended the ew the body o	AS A CONSEQUE  NTRIBUTING TO E  ION FOR WHICH  INJURY  MONTH DA  FINJURY  IT, FACTORY, OFFICE, F  deceased from  19	OPERATIO  AY YEAR 19  ARM ETC)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR 211 LOCATION STREET  19 20  10 40  1	200 AUTOPSY?  YES NO PROPERTY	20b. IF YES IN CERTIFY YE URY IN ITEM 18 F	COUNTY  19  22c. DATE	NGS USED OF DEATH? NO  STATE  that (I) (we) la causes stated  SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Reasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

10/5/85

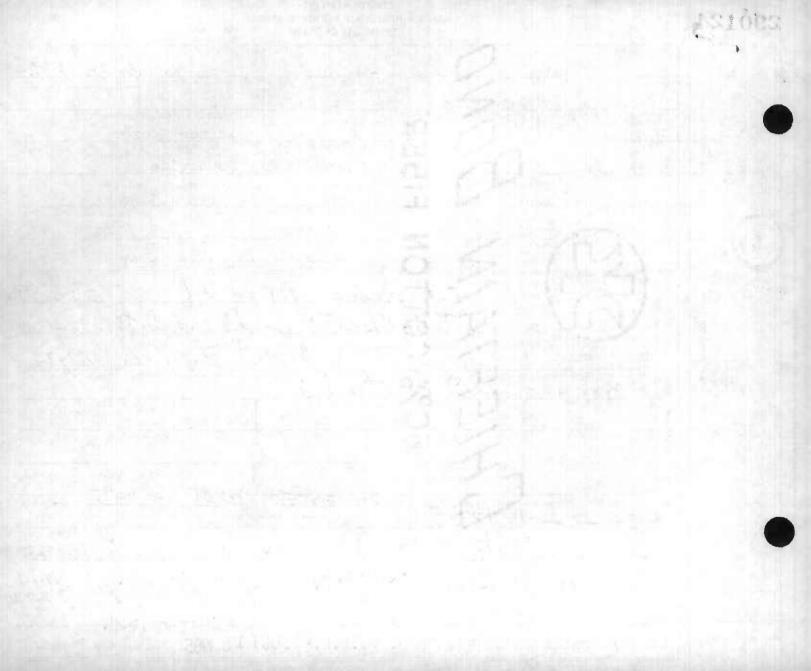
Burial

Fort Lincoln Cemetery

P.G. Brentwood Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	1	500		STATE OF MARYLAND		
290124	1.	FOR STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	B 5 REG. NO.	9 2 8 0
5 3 35	1. DE	CEASED NAME FIRST	MIDDLE	BELL	20 DATE OF DEATH MONTH	3 85 1245 M
5 9 9	3.56		4 RACE	S DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
1 11 /	71.15	HITHPLACE IS THE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	100	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 12/20	1	Rissouri	USA	WIDOWED DIVORCED	Prince Geo	rge MD.
1 1190	YAN	ITY OR TOWN OF DEATH	AF NOT IN SUCH FACILITY, GIVE STREET	ods Newsing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
1 R	in:	MD NEOU	130 CITY OR TOV	YES NO [		100 Dr.
0/5	1	John A. Tu	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Eleanor	WIDDLE	Morse
U1 6	160	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	JRITYNO. 17. INFORMANT Sa 9638A Gloria Em	ame as 1925 ame as 1925 amerson (Daughte	r)
- Address		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	dia Ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ures that the death a lighed by the attends of burner, can burner, cannot any, or any, or other transment	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	refuse, Aca	udio 2 to sula Alanda disease or condition Grand	Dis. 10 yrs Liny
	TIFICATIO	190 DATE OF OPERATION	A STATE OF	OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
SCLAN ng physic certifical machine ental try	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)
And the by the b	WED	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A for out	1	sow the deceased alive or	n 10-13-5 19 bt) view the body ofter death	ond that in (my) (our) opinion	death occurred on the date and har	1922. that (we) lost ur and from the causes stated
TALOE S		ELMAN A	3 Patricks		MEDICAL STAFF DIRECTOR PHYSICIAN	12 13 -85
O HOSPI righted by Novid be Manual the S		CTEONAE (14PE	B. PATRICAT	JAM 9221 Cz	lesville, Silve	SpringMd
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Surial		NAME OF CEMETERY OR CREMATORY  Rock Creek	23d LOCATION CITY OR TOWN Washington	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR		250 DA	TE REC'D. BY REGISTRAM 256 REC'S	TRAKS SIGNATURE



Tisharakindana alanda an

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 318035 REGISTRAR L DECEASED NAME 20 DATE KNOWN A MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-Max W. Hans Bial 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. TIF UNDER 24 HRS 2d HOUR 20 DATE LAST BIRTHDAY PRONOUNCED 10:49 Male White Aug. 16, 1911 DEAD ам A BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Austria U.S.A. DIVORCED WIDOWED Prince George's County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 112b KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Bartender OR INDUSTRY Hvattsville 1502 Erskine Street Union Prince George' Takoma Park Maryland 13d. INSIDE CITY LIMITS? 1502 Erskine Street NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME unavailable unavailable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 79169 Orchard Green (YES' NO OR UNKNOWN) Columbia, Maryland unknown Terry Horan (Exec.) unavailable 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING AOR
CONTRIBUTING CAUSE OF DEATH ? XXX 10 31 19 85 Subject hanged self THE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 1502 Erskine Street, Hyattsville, P.G. CO, MD. home. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STY. BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection X Autapsy Inquiry and in my apinion Suicide X death resulted fram: Natural cause Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MpAssistant SIGNATURE 11/1/85 MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 236 BURIAL CREMATION REMOVAL 236 DATE (SPECIFY Cremation Nov. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov. 2, 1985 Metropolitan Crematory Alexandria, Virginia 07/84 25AA 24. FUNERAL DIRECTOR 254 DATE REGID BY REGISTRAR 1851 REGISTRAR'S SIGNATURE **DHMH - 17** DeVol Funeral Home Washington, D. C. (VR A15 ME (5))

STATE OF MARYLAND

LICE, C. Sec. at Many Talan Strikene Fine Germ's Teles die c.Inlittles the was will be love Horon (Lore.) Columbia Surgande

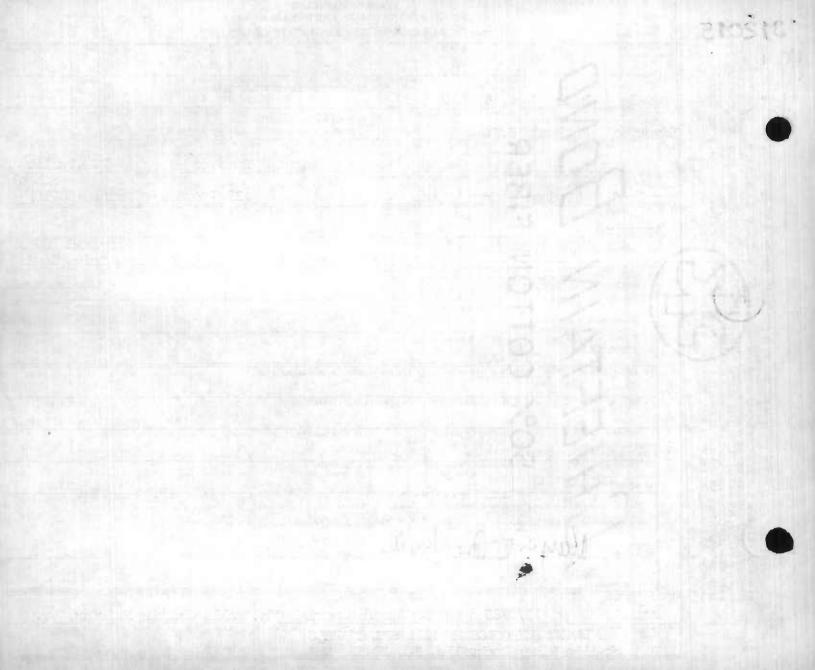
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Devel Funcial Hose Weshimmer, R.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 28 DATE KNOWN XX MONTH DAY 26 HOUR TYPE OR PRINT) ESTI-DEATH MATED 10 - 3019 85 Marsha Blavatt 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED 4:28 19 85 Nov. 8, 1946 38 DEAD White Female D. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County, Liverpool, England U.S.A. WIDOWED [ DIVORCED IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Teacher P.G.Public Prince George's General Hospital Cheverly SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI School s 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY NO□ 13305 Yorktown Drive (20715) Prince George Bowie Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST Davies Betty Bernard 17. INFORMANT Maryland 20715 MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Bryan Blavatt; 13305 Yorktown Drive; Bowie, 217-50-3436 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? JUID BL TWENT O YES X NO T 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MANNTH DAY YEAR UNDERLYING X OR SHOU 3:53PM 10-3019 85 driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Chapel Rd. at Wakefield Lane, Bowie, Prince road GEorge's Co., Ma. Autopsy X 22a I certify that I took charge at the remains described above, held an death resulted fram: Accident XX Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) DATE SIGNED 10-31-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial King David Memorial Gdn. Falls Church; Fairfax; Va. 07/84 24 FUNERAL DIRECTOR DAN ZANSKY-GOLDBERG MEMORIAL CHAPELS 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (S)) 1170 Rockville Pike: Rockville, Md. 20852



6 month PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) town) opinion death occurred on the date and have and from the causes stated 22r DATE SIGN ATTENDING MEDICAL PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 10/14/85 Maryland Veterans Cem. Burial Cheltenham P.G. Maryland 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Oxon Hill, Md. George P. Kalas Funeral Home

STATE OF MARYLAND

2b HOUR

U.S. Military 20745

BETWEEN ONSET AND DEATH

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IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

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urial 10/2008 Name and Webselm West. Coeltenam P.C. Maylone clot grow Hill Hd. Records . Malas wanted some twen till, Ma.

OF BUSINESS OR Home

STATE

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/	REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO					
	CEASED NAME	FIRST	,	MIDDLE	l	AST	2e DA	TE OF DEATH		DAY	YEAR	26 HOUR		
{TYP	E OR PRINT)	IANE	Klei	n	BON	JD.			10	11	85	8 45P		
3. SE			4 RACE	11	5. DATE C	1	6. AGE	I IN YEARS LAST		IF U	NDER I YEAR	IF UNDER 24		
7 T	emale		Caucas	ion	MONTH		5	69 YPS						
_	IRTHPLACE ISTATE OR F	OPEIGN		TAIL WHAT COUNTRY	11.0						TY OF DEATH			
1	COUNTRY)			MAI COOMIN	MARRIE	NEVER MARRIED		RINCE				TV		
	ashington		U.S.A.	HOSBITAL NILIBSON	WIDOWE	DIVORCED DIVORCED		UAL OCCUPA						
all .	HEVERLY			H FACILITY, GIVE STREET		OTHER HASTITUTION	(TYPE O	WORK FOR MOS	TOF WORKIN		INDUSTRY	OF BUSINESS		
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	AL RESIDENCE (IF NURSI	136 COUN		13t. CITY OR TOV	VN	13d INSIDE CITY LIMITS	? 13e STR	EET ADDRES	S / ZIP CO	DDE				
-		P.G.		Chever1	У	YES 🔀 NO 🗌	56	ll Hawt	horn	Str	eet :	20785		
4. F.	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE			LA	. 7		
F	lenry	J		Klein, S	r.	Elizabeth		R.		T	ising	ger		
	WAS DECEASED EVER			166 SOCIAL SECT	URITY NO.	17 INFORMANT		481 F	rry 1	Poin	it Roa	ad		
	IO	IN TES GIVE	WAR OR DATES)	578-07-	5614	Mr. James	Bond.							
	18 CAUSE OF DEATH	H (Enter onl	v ane cause per	•		^		4		T	-	IMATE INTERVAL		
	PART I. DEATH W.	AS CAUSED	BY:	Deute.	MILACA	ndis! Inthe	anda)-	- hoole	111		7	CIA.		
		IMMEDIATE		746416				7,700,71			2	arvy.		
	Canditions, if any,	letate	DUE TO, OI	R AS A CONSEOU	ENCEOF	thy disens	2							
	gave rise to imm	nediate				v c y								
	cause (a), stating underlying cause		DUE TO, OF	R AS A CONSEOU	IENCE OF									
	DARLS OTHERSICA	WEIG AND C	(5)	DI ITRIBUTA LO TO	DE ATH BUT									
z	PART 2 OTHER SIGN	HEICANT	ONDITIONS <u>CC</u>	DUIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DI	SEASE OR CO	NOITION	GIVEN	IN PART 1	a		
CERTIFICATION	19n DATE OF OPERAT	1001	TION CONIDI	TION FOR WHICH	L OBERATIO	N WAS PERFORMED	120-	AUTOPSY?	1201 15	VEC VA	FRE EINIDIE	100 1055		
FICA	198 DATE OF OPERAL	1014	170 CONDI	IIION FOR WHICE	OPERATIO	N WAS PERFORMED	200	AUTOPST				NGS USED OF DEATH?		
E	4		0.1 THUS 0	5 14 14 15 17			YES			YES [		NO 🗆		
	210. ACCIDENT WAS UND		HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (EN	TER NATURE OF IN	JURY IN ITEM	18 PART I	OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19	40 6 1 14 1								
VED	21d INJURY OCCURR	ED	21e PLACE (	OF INJURY REET, FACTORY OFFICE.	FARM FIC 1	211 LOCATION STREET		CITY OR	TOWN		COUNTY	STATE		
~	AT WORK AT WOR	ILE C												
	220.1 certify that (1)	(this hospiti			10	0(1	10_ 10_	11	a	. 19	40	that (I) (we)		
	saw the decease		view the body		40 , ar	d that in (my) (our) opini	ian death ac	curred an the	date and	nour an	d fram the	couses stated		
	THE SIGNATURE	1	/	11		DEGREE					22c DATE	SIGNED		
	Kellow	/IX	Man	ULINO.		MP ATTENDING	MEDI	CAL ST	AFF		12	Octo		
	THE PHYSICIAN'S NA	AL VICE	PARTY S			22e ADDRESS	14		(		1 1			
		/ // .	- 1	AL		Carticleya.	PGGI	71111	11.0		4 19			

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IMPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 10-15-85 Burial

74 Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue, Hyattsville, Maryland

23c NAME OF CEMETERY OR CREMATORY

Cherety hy

Cedar Hill Cemetery

Suitland, P.G., Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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F1 - 1 3- 3 41 41 Miller of the style

FOR

Male a BIRTHPLACE

COUNTRY)

Thomas

Pr. Geo

Thomas Bond 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

(IF YES, GIVE WAR OR DATES)

I STATE OR FOREIGN

Md

CITY OR TOWN OF DEATH

MD

(YES NO OR UNKNOWN)

No

4 FATHER'S NAME

CERTIFICAT

00

4 RACE

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,001	NDING PHYSICIAN. The low requires that the decities that the executed within 24 hours after d	8. After this certificate has been signed by the offe dimension and completely filled in by the lase of the buriol-transit permit. Then please remove important Pages 1 and 2 should be filled with teath and Mental Hygiene prior to buriol, cremation.
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	NDING PHYSICIAN The lor offending physician.	e cs

## STATE OF MARYLAND

WIDOWEDER

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2	9	2.	3	0
	LAST	20 DATE OF DEATH MONT	Н	DAY	YEAR	26 HOL	JR
E.	Bond	October 16,	19	85		5:1	5P ^
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	}	IF UNDER	TYEAR	IF UNDER	R 24 HRS
k	Dec. 25, 1902	82	YRS	MONTHS	DATS	HOURS	MIN,
T COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNT	Y OF DE	ATH	-	

	(IF NOT IN SU	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			
Laurel	Greate	r Laurel	Beltsville	Hospital	
WSUAL RESIDENCE 130. STATE	(IF NURSING HOME OR OTHER INSTITUTION	134 CITY OR TO		DE CITY LIMITS?	13

Laurel

LAST

166 SOCIAL SECURITY NO

Blac

Th CITIZEN OF WHA

USA

9307 All Saints Rd/ 13d. INSIDE CITY LIMITS? 20707 NOF 15 MOTHER'S MAIDEN NAME

> FIRST Maggie Murry

Prince Georges

Custodian

17 INFORMANT

DIVORCED

Marie Armstrong (Niece) same as #13

	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	( (b)	
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY?

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOF NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

211 LOCATION CITY OR TOWN COUNTY STREET

22a I certify that (1) (this haspital) attended the deceased from above. (h (we) (did) to 77% SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

PATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

22¢ DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

County

INDUSTRY

126 KIND OF BUSINESS OR

274 PHYSICIAN'S NAME (TYPE OR PRINT)

John V. Theobalds, M.D.

22e ADDRESS 9811 Mallard Dr., Laurel, MD 23d LOCATION

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 10-24-85 Md. Nat'l Memorial Pk Burial

Laurel, Pr. Geo, MD

George R. Snowden

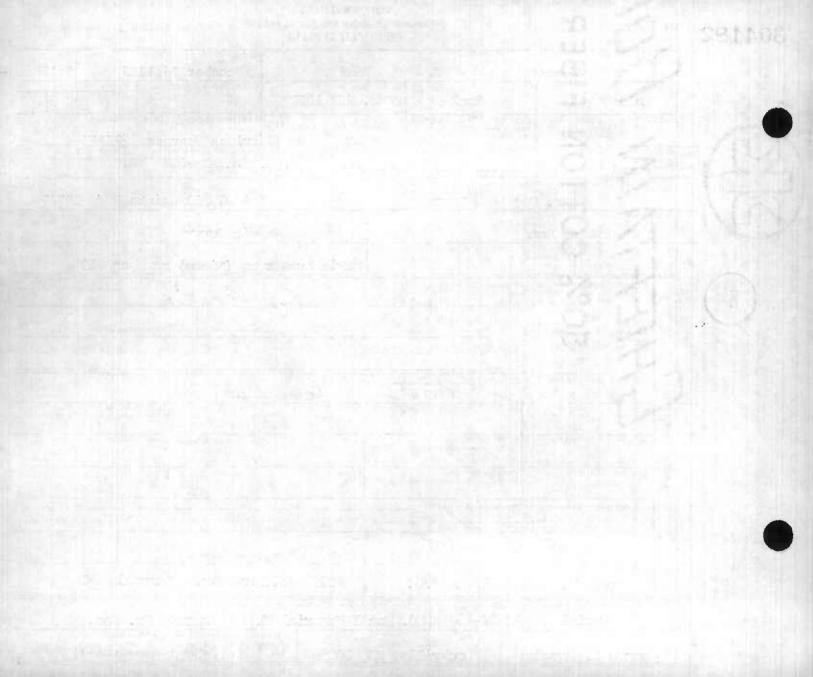
24 FUNERAL DIRECTOR

Rockville, MD 20850 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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Committee You. 5,1925 Extremellin Cresators Manmadring

Marketty - 34%

## - STATE REGISTRAR

Male.

To BIRTHPLACE ISTATE OR FOREIGN

10. CITY OR TOWN OF DEATH

## STATE OF MARYLAND

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.451

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REG. NO 20. DATE OF DEATH MONTH 6, 1985 Oct. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

DECEASED NAME (TYPE OR PRINT) W. Bradley. Paul 3 SEX 4 RACE 5. DATE OF BIRTH

White

SUCH FACILITY, GIVE STREET ADDRESS
Pitcairn Pl

Th CITIZEN OF WHAT COUNTRY?

S. A.

YEAR MARRIED

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH Prince Geo. Co.

12b. KIND OF BUSINESS OR OPT OF TOP MOST OF WORTH OF THE THEREST RY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 STATE 136 COUNTED 1 WN cland 4 FATHER'S NAME

Laurel.

COUNTRY)

Penna.

George W. Bradley.

LAST

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15 MOTHER'S MAIDEN NAME Ada

NOF

MIDDLE Hoffman.

160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES)

17 INFORMANT

220-34-790 Mildred E. Bradley. 3901 Pitcairn

13d INSIDE CITY LIMITS? YES -

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Biventrica IMMEDIATE CAUSE (a) DUE TO. OR AS A SINSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOR TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

211 LOCATION CITY OR TOWN

WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 2 OCTOBER above, (1) (we) (did) (did not) view the body after death.

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

221 DATE SIGNED

STATE

226. SIGNATURE

STREET

ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN HAMPSHIRE AVENUE

20g AUTOPSY?

CERTIFICATION

MEDICAL

23a BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY 236 DATE Oct. Lincoln

23d LOCATION

Bladensbur

Md . STATE

DHMH - 16 60M 7/84

Takoma Buneral Home. Carroll

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

(VRA 15, 4)

FUNERAL I

MPORTANT

47.18 1 AS 194 Common Survey That H Asy DE RIM DE MANGERS E TERRES. BUMO VA BRING ECONOMIC ROMAN BUMO CHALLIAND DE MANGERS.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							REG. N	J.		
		CEASED NAME FIRST		WIDDLE	l	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1			gnes	L.	В	reen	October 19	, 1985		1:50P A
	3 SEX	X	4 RACE		S. DATE C		& AGE (IN YEARS LAST BIR		IF UNDER 1 YEA	
3	3	Female	White		Jan	. 15 1911	74	YRS	ONTHS DAVE	HOURS MIN.
X		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O		OF DEATH	
4	V:	irginia	US		WIDOWE	DE NEVER MARRIED DIVORCED	Prince Geo	rges C	ounty	MD
L	MP.	ty or town of death Laurel				ille Hospital	12a. USUAL OCCUPATI		126. KIND INDUSTRY	OF BUSINESS OR Y
	0					Tile Hospital	110 me mane.			
9	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU!  ryland Prin	NTY LCe Georg	136 CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	117 To Chil	ZIP CODE Coate	Lane	20705
0	10.00	Joseph	MIDDLE	Geris		15. MOTHER'S MAIDEN NA/ Amanda	ME	S	chaeff	er
1		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17 INFORMANT	ADDRE			
	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-12-3	785	Barbara Breen	11721 Chil	coate	Lane	Belt.207
		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	RESPIRI	ATOI	24 ALREST			BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	NC	Conditions, if ony, which gove rise to immediate cause 101, stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	ENCE OF		INAL DISEASE OR CON		N IN PART I	1101
7	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	ING CAUSE	INGS USED
-	ERT	210. ACCIDENT WAS UNDERLYING	21b TIME C	OF INJURY		21c HOW INJURY OCCURR	YES NO	YES		ио 🗌
1	AL C	OR CONTRIBUTING CAUSE OF DE	All	M. MONTH DA						
	O	(IF EITHER NOTIFY MEDICAL EXAMINE	P. PLACE	M.	19	211 LOCATION				
	MEDI	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.   certify that (1) this hosp	tall attacks of th	o danced (co	to	1 85	10/19		. 05	1.0
		saw the decouped alive of	to view the body	9 10	85 , or	d that in (my) our) opinion (	death occurred an the do	te and hour		that () (we) last be causes stated
		TTE SIGNALLY	, , ,	differ dedini.		DEGRA			22¢ DAT	E SIGNED
1		Nac	MIK		1	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	10-	19-85
		THE PHYSICIAN'S NAME COME	and I	10		22e ADDRESS	1		LF	FUREZ, M
		CTA COMPTE	ON M	()		14201 LAV	REL PARK	DRH	24	2.0707
		SURIAL, CREMATION, REMOVAL		105 23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			nos Moli
	,	Minial	10/22	/85   HT	La Lin	coln Cemetery	1 preliamood	LLTHC	Grade O.	TEG MON

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR 4400 Powder Mill Road Donald V. Borgwardt Beltsville, Md. 20705

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

									ARYLAN							
20	95101		FOR STATE				MENT OF H				- 29		2 9	2	9	U
N.	73101		REGISTRAR CEASED NAME	\$ IDC 7	WEI		EXAMINE	R'S C	ERTIFIC	CATEO			G. NO.			
	MARINE SERVICE		OR PRINT)	JAR	VIS'	ANN	R	BREI			2	OF ESTI-			YEAR	26 HOUR
1	E SE	3 SEX	14	RACE	S DATE OF BIRTH		16 AGE (IN YEAR	IGN		IF UNDER	24 UDC 1	DEATH MATE	D L /C	-	19 80	N NOUB
2	25 F F F F F F F F F F F F F F F F F F F	F	no///	White	10/27/34	YEAR	LAST BIRTHDAY	MONTH		HOURS		RONOUNCED	102 -		8	108
-9	1000 A	7a BI	RTHPLACE (STATE	IE OR	7b. CITIZEN OF WE	IAT COUN	- 11/13	5.			- 0	DEAD BALTIMORE C	ITY OF COL	O NITY OF	DEATH	A- M
-	世界の世紀し	FO	UIS IANA		USA			MARRIE	ED Z-MEY	VER MARRI DIVORCI	ED 📙	PRINCE			DEATH	1
7	2 2 3 5 2		Y OR TOWN O	FDEATH	III. NAME OF HOS	PITAL, NU						AL OCCUPATION		K 112b K	IND OF BU	SINESS
(1	A SERVICE SERV		MP SPRI		HOTHER INSTITUTION GO	AFE	AREET ADDRESS)	real	Com	led	HOM	OST OF WORKING LIFE	€)		N HOM	
30	SAN SAN	13a. S	TATE	Immoon	NTY	13c CITY	ORTOWN		13d. INSIDE CI		13e. STRE	ET ADDRESS	m DDTI	F 4	12200	254
0.21	* 4 H C W C C C C C C C C C C C C C C C C C		RGINIA	FAI	RFAX	ANNA	ANDALE		YES .	NO X		CAMELO'	I DKIV	L	(2200	3)
E.M.	E:295///	17	MES BERI	MA DD	MIDDLE	DOWN	LAST IC		F	R'S MAIDE IRST LORES		MIDDLE		DI	RYANT	
108	BB & B / T	_			RMED FORCES?		CIAL SECURITY	NO.	17. INFORA			ADD	DRESS	DI	CIANI	
ALTIN	AFTE HA FO MAGES ASSO	{YI	NO OR UNKNOW	N) [IF YES, GIV	E WAR OR DATES)	432-	-68-807	7	ELIZA	ABETH	BREL	AND SAMI	E AS #	13		
2	WIT PIN	2	18 CAUSE OF	DEATH (Enter of	nly ane cause per In	far (a), (b)		1	,						APPROXIMATE	
N S	A HENRY	/	9/2		ATE CAUSE (a)	ult	pre &	11	Levia	5						
EST	STA STA		Conditions	, if any, which		AS A CON	SEQUENCE OF	-						20		
4.	MINE MINE TRAINE		gove rise	ta immediat	e (b)	15.1.501	155.0115.155.01	•/			- 43		4	-		
201 V	TED W N PEN XAMII AL - TR N, OH		lying cause		DUE TO, OR	AS A CON	ISEQUENCE OF							19		
	VUID BE EXECUTED "PENDING" IN PR EF MEDICAL EXAN SED AS A BURIAL- HEALTH AND MEI AL, CREMATION, (		PART 2 DIHER SIGN	SEICANT CONDITION	(c) (CONTRIBUTING TO DEATH	HIT NOT RELA	LTEN TO THE TERMIN	AL DICEACE	DR (DNOITIO	N CIVEN IN DAI	OT 1 :-					
RECORDS	AS A LE	NO						01321132	D. (511011101		., .					
, RE	OULD I	Ĭ.	190 DATE OF C	PERATION	196 CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?				20	AUTOPSY?	?
VITAL	SHOW THE STATE OF	CERTIFICATION	100												YES	NO B
OF.	ANE WEN	GE	210 EXTERNAL	CAUSEWAS	21b. TIME OF HOUR A.M		DAY YEAR	21c. HC	W INJURY	OCCURRE	D JENTER N.	ATURE OF INJURY IN I	TEM 18 PART 1 OR	(PART 2)	1	100
DIVISION OF	PART OF THE OF T	MEDICAL	CONTRIBUTING	CAUSE OF	DEATH 4 P.M	)/1	7-41985	PA	83200	90/11	au	to lacit	13 /W	cplus	ex.	
VIS	CERTIFING TING TO THE TING TO	WED	21d. INJURY OC WHILE	CURRED NOT WHILE	21e PLACE C	ORY, EARM, E	1/1	211 LOC	TREET 2		,	CITY OR TOWN	4	COUNTY		STATE
٥	RETHIS CERTIFICATE SHO THE WARDED TO THE CHE RWARDED TO THE CHE REPAGE 3 SHOULD BE US ESTATE DEPARTMENT OF D. 21201 PRIOR TO BURIA			AT WORK	0	nees		910	VA/12	14RX	·5,L	Inton	1/2	Jen	Jes 11	ned
	AND SALES		220 I certify	that I taak chai	rge of the remains des	ribed obo	ive, held on	Autops	у 🔲 .	Inspection		Inquiry .	and in my	apinian		
	SERDES V		death resulted	fram: Not	ural causes 🔲 ,	Accident	, Suic	ide .	, Hamic	ide,	Undete	rmined manner				
	EXAM CERTICOLE B ULD B DIRECTION TO MARK		ACTUAL	Lugara	12 8 FF11	11111	R-		TITLE (S	PECIFY)			DAT	F /	0-5	85
	SATHE SAL		SIGNATURE	pregner	10 1 Kill	9/00	0	M.	de la la	any	MEDIC	CALEXAMINER	SIG	NED _	0	00
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M	1	EXAMINER'S N (TYPE OR PRINT	AMELICA	esta P. Rox	hriad	147/1	0	ADDRES 52	709 Pa	appe	un Chil	ump.Si	itry	1, 2º	Dr.
100	DXADAA	15	JRIAL, CREMATI	ON, REMOVAL			NAME OF CEMI			ORY	CITYO	CATION	C	OUNTY	20/	ATE
07/84 25M	BP.	-	EMATION	O.D.	10/10/85	LI	EE'S CRI	EMA T		26- 0475		HINGTON	DEC ICED	0.016	DC	
1 1	DHMH · 17	5	NAME ORECT	LI.DA.	Demaral	Ci	THECK NOON	00	LNC	250. DATE R	BY BY	REGISTRAR 25b	REGISTRAR'S	5 (	chen;	1
	(VR A15 ME (5))	La	me of	Jewon	Sr 230	J. h	lask St.C	xex	10.07	101,1	O M	Julia	extraction	-	dage	

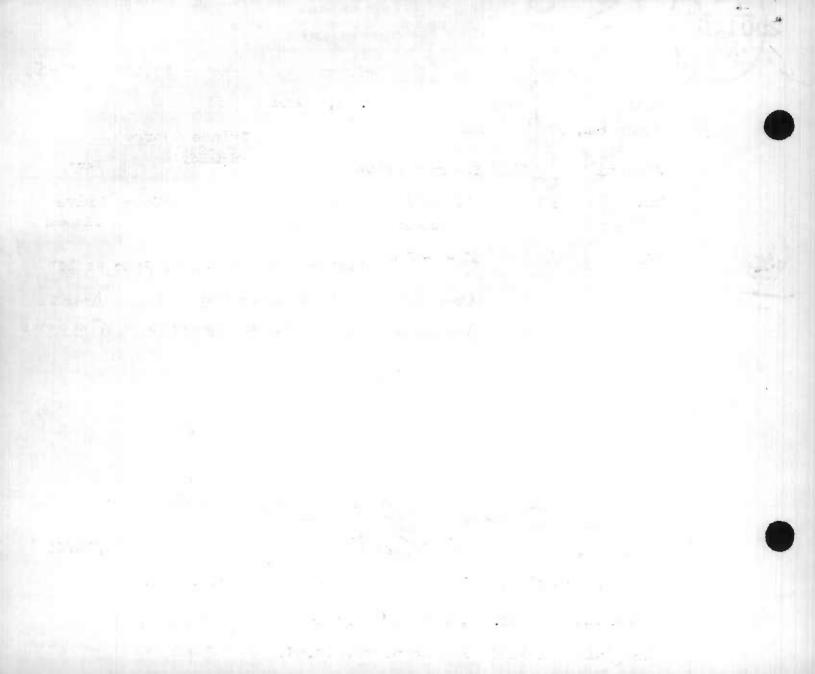
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The Pellin II at

aug Cagello

(VRA 15, 4)



		F	lm G609 item 15,16	b.17		MARYLAND			
29	1023		FOR STATE 11/14/85 ria	D	EPARTMENT OF HEALT		TYGIENE	2999	) )
			REGISTRAR	MED		CERTIFICATE	OF DEATH REG.	NO.	Eim
1			CEASED NAME	. 0	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YE	AR 26 HOUR
1	H SS E		WIII	e Rul	3 moa	den	OF ESTI- DEATH MATED	10-11 10×	51 "
,	CESSARY, PLEAF PEAL DIRECTOR FOR YOUR FILE. WITHIN 72 HOURS PRESTON STREET.	3 5	4 RAGE	5 DATE OF BIRTH		INDER 1 YR. IF UNDER		MONTH DAY YE	AR 24 HOUR
	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	1.	male Black	MONTH DAY	- JEAR (ACT OUT DAY) MON	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	10-11	1230
-46	STO Y ALD	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH.	AT COUNTRY?		9 # TIMORE CITY	OR COUNTY OF DEATH	177
	SE S	FC	REIGN COUNTRY) Labama	USA	MAR	RIED NEVER MARR	IED L	OR COUNTY OF DEATH	
	45->./		TX OR TOWN OF DEATH			WED DIVORC	1./	()Zing	MD
	3 TO THE FL 3 TO THE FL 3 TO THE FL 3 TO THE FL 5 DB F FLED, 5 BE FLED, 5 PDS, 201 W	10 0	1 OR TOWN OF DEATH	ALENOT IN SUCH FAC	PITAL NURSING HOME, OR OT	HER INSTITUTION	12a. USUAL OCCUPATION   FOR MOST OF WORKING LIFE)	TYPE OF WORK KIND OF OR INDU	F BUSINESS USTRY
	PA PA SS, 2	1	XON / till.	3410	11191mg	puro	Housewife	None	
5	TH. IF ANY DELA 1, 2, AND 3 TO M 3. RETAIN PA D 2 SHOULD BE ITAL RECORDS.	USU	L RESIDENCE   IF IN NURSING HOME TATE 13b COU	OP OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
21201	ANY AND 3 RETAI HOULD	130.5	Maryland	, 6	Oxon Hill	YES X NO	5410 Va. Cou	irt	
9	A & & &	14. F	ATHER'S NAME			IS. MOTHER'S MAID		ar c	
-	H-1897/00		Robert	WIDDLE	ickerson	FIRST[A] 7 1 1	16 Mg &iddle	LAST	
, a	WUNE OF	160 \	VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECURITY NO.	17. INFORMANT	iemae	Talley	
13	WITH FORM PW WITH FORM PW F. PAGES 1 AND DIVISION OF WI	No	ES. NO. OR UNKNOWN) I HEYES GIV	E WAR OR DATES)	467-62-2055	Wil	lard		
3	WITH WITH T. PAC DIVISI	TAG			Unknown	Mr. Wil	liam Broaden/h	usband/same	as 13e
	D 8 ¥ F G		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one cause per line	for (a) (b) gratic)	a.		APPROXIV RETWEEN C	MATE INTERVAL
N N	24 HOU TTEM 18 ONG W PERMIT. SIENE, D			ATE CAUSE (III)	Mennue	Clouder	beso culdo	uncon	
510				( DUP TO OF	A CONSEQUENCE OF				
800	WITHIN SINER AI AINER AI TRANSIT VITAL HY		Conditions, if ony, which						
3	375558		gave rise to immediat cause (o) stating the under		AS A CONSEQUENCE OF				
5	N A A A	13	lying cause lost.						
8,	XECUTED AG' IN PR ALL EXAM BURIAL AND MEI		PART 2 ATHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISE				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	MESETE	z	Martanone	elue le	A BOR R Plant	ISE OK COMMITTON GIVEN IN PA	post 7 y	1211	
EC	A AS CARE CARE	CERTIFICATION	190 DATE OF OPERATION	lui const	ION FOR WHICH OPERATION	) Jeocus	10000		
7	SHOULD ORD "PE CHIEF A E USED." TOF HE	2	THE DATE OF OPERATION	196 CONDITI	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOR	'SY?
Y.	SHOULD WORD "P	Ē						YES [	NO D
O	E TESECX	8	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	T8 PART T OR PART 2)	
O	ERTIFICATE ING THE V ED TO THE 3 SHOULD SEPARTMEI PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M.	19				
VISI	PRI SEP	0	21d INJURY OCCURRED	21e PLACE O	FINJURY   AT HOME, 21f LO	OCATION STREET			
۵	SH SH SH S	5	AT WORK AT WORK		, , , , , , , , , , , , , , , , , , , ,	JINEE!	CITY OR TOWN	COUNTY	STATE
		300		4.0			A A		
	EXAMINER: CERTIFICATE ULD BE FOR: I DIRECTOR: I, WITH THE S MARYLAND,	39	220. I certify that I took char					and in my opinion	
	EXAMI CERTIFI ULD BE DIRECT WARYL		death resulted fram: Nati	ural causes .	Accident L. , Suicide L.	, Homicide	Undetermined monner	J.	
	Z B B S S		ACTUAL A 1100	unda XX	Lateriale.	TITLE (SPECIFY)		DATE / A	11-85
7255	AESTE		SIGNATURE	120/10	my -	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED -	11-00
	NA SED	-	EXAMINER'S NAME AUS	gusto P Rod	iriguez, M.D.	5009	Rayburn Ct ,	Temple Hills	. Md
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STAND AFTER DEATH AND AFTER		(TYPE OR PRINT)		· ·	_ADDRESS	maj barn oc ;	-cprc milite	,, 110
	F05149	23a.B	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY 353	STATE
07/84	BP		urial	10-16-85	Lincoln Mem	norial	Sultland,	Md.	
25M	DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS		250. DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE	PLET I
	(VR A15 ME (5))	J	ohn T. Rhines	Co., 3015 J	L2th St. N.E. D	.C. 2001701	T 16 1005 94	ha Davidson Par	ndelle.
		_							

OR ATTENDING PHYSICIAN, The law requ

etoined by the haspital or attending physician

OHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this confident has been signed by the blood be detached for site on the buriel from premit. Then please rewith the Store Dept. of Health and Mantal Hyghere prior to buriel, creative Sets of Health and Mantal Hyghere prior to buriel, creative SMPORTANT, if then 21 is marked as then 18 shows ony injury, or other

1			-		STAT	E OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEP		EALTH AND MEN		0 0	2 9	2	9 3
	1 050	CEASED NAME FIRST	44	NDDLE		ASI		REG. NO	AONTH DAY	YEAR 21	b. HOUR
		OR PRINT)		NODEL	12		1	OATE OF DEATH	10	and "	050
		H1+0020			121	BOKS		Oct	19	85	PM
	3 SEX	1	RACE		S. DATE C			AGE (IN YEARS LAST BIRT	HDAY) AF UNE		FUNDER 24 HRS
		Male	Bla	cle	MONTH	7 - 18 -	O S	80	YRS.		MIN.
1		OUNTRY) A .	CITIZEN OF V	WHAT COUN	MARRIE	D NEVER MAR	RIED "	BALTIMORE CITY OF	COUNTY OF D	EATH	
2		Viranna	(1)	SIA	WIDOWE		CED Z	Prince Geo	rges		MD.
V	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITU	TION I	20 USUAL OCCUPATE			BUSINESS OR
4	L	vectuille	REGEN	. 41	STREET ADDRESS)			TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	
10	USUA	L RESIDENCE (IF NURSING HOME OF O	HER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)				(	1.90	11/1
1	Ds	TATE 136 OUNT	,	Was	shington	YES NO		509 Ten	nedy &	St. A	J.W.
15	14. FA	THER'S NAME	No. of the last		J	15 MOTHER'S MA	AIDEN NAME				
1/		Joseph W. Brooks	DDLE	LAS	ST	Susie Pi	nkett	WIDDLE		LAST	
1		AS DECEASED EVER IN U.S. ARM		166 SOCIAL	L SECURITY NO.	17 INFORMANT		ADDRE	SS		DC ·
2	(4	NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	577-3	12-9413	Susie B.	Lewis	, Sister,	509 Ken	nedy S	
		18 CAUSE OF DEATH (Enter only	one couse per	line for (a), (	(b), ond (c).)					APPROXIMA BETWEEN ON	ATE INTERVAL
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAUSE (a)	CY	Annin	7 An	MJG.	1			
J) (		17476257772		AS A CON	SEQUENCE OF			A			U
		Conditions, if ony, which	( ,b)	CA	NIM	ma	(0)	LUN			
	07	gave rise to immediate	) (0)		770						
		cause (a), stating the underlying cause last.	DUE TO, OR	Y AS A CON	SEOUENCE OF						
		PART 2 OTHER SIGNIFICANT CO	NOTIONS CO	NITRIBUTIN	G TO DEATH BUT	NOT PELATED TO	THE TEDANS	IAL DISEASE OR CONIC	ITION CIVEN IN	DART No.	
М	Z	DI SM	97	= 27	15/1/	J	1-27 1-	27 TMA 4	D. im	BA 1	m/5
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR V	VHICH OPERATIO	N WAS PERFORMI	ED.	200 AUTOPSY?	206 IF YES, WEI	RE FINDING	SUSED
9	5	DATE OF OPERATION	THE COINDS	TIOI4TOK V	VIIICII OF EKATIO	IN WASTERI ORM			IN CERTIFYING	CAUSES O	F DEATH?
1	E						The last	YES NO	YES 🗌		NO 🗆
6	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF	FINJURY M. MONTI	H DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM LE PART I C	RPART 2)	
7	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P./		19	. AC					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE (			211. LOCATION	The C	CITY OR TOY		OUNIY	STATE
	M	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, C	OFFICE, FARM ETC )	STREET		CITY OR TO	VN C	DUNIT	STATE
30		22a 1 certify that (1) (this haspita	l) attended the	deceased	fram_ 4 -	13	9 85	10 10-19	. 19_	85 the	ot (1) (we) lost
312		saw the deceased alive on_	10-	13	19 55.01	nd that in (my) (au	r) apınian de	ath occurred on the da	te and hour and	from the co	uses stated
ы		obove, (I) (we) (did) (did nat) 22b SIGNATURE	view the body	offer death.	000	DEGREE				22c. DATE SI	GNED
	1	(Y) /	mi	#111		ATTE	NDING /	MEDICAL STAF	F	111-1	nec
,		22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	Jan.		PHY 22e ADDRESS	SICIAN L	DIRECTOR   PHYSIC	IAN [	0 10	7 3)
1	1	NEIL MEADE, M.	D.				doren	Road, Chev	enl v W	mul	- 4
-	00.0				Tan Mane or o			Iwad, onev	erry, M	агутаг	Id
1	23a B	SPECIFICATION, REMOVAL	23b. DATE	85	The second second	Mamani al		CITY OR TOWN	D C COU	M's	MA STATE
		BURIAL	24 Oct	05	Harmony	Memorial					
		INERAL DIRECTOR  I. ERNEST JARVIS	01	TMC.AN		ON, D. C.	250. DATE	REC'D. BY REGISTRAR			₹E
	81	A THURSDY AND A TO	000	THOU !	AND THE PARTY OF T.	-119 20	1 12 6	MOE.	A 200	Cont.	

Joseph W. Bross and

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Erince Occurs

EVY-12-9113 Manie E. Lewis, Stavor, 500 Medreny St., 18

SEL MAN, M. T.

W. ELET JAMES CO., INC., MASSIESTER, D. C.

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	1 - 5	OR STATE					AND MENTAL H		2 9	9 9 5
O	- 5	REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	F DEATH RI	EG. NO.	co 1 2
T		EASED NAME	FIRST	-	MIDDLE		LAST	20 DATE KNOW		DAY YEAR 26 HOU
Ł	2		-lea	ve ),	herwood	1 K	Prown	DEATH MAT	ED 103	6 1985
3.	. SEX	M . I A RACE		DATE OF BIRTH	YEAR LAST BIRTHO			24 HRS 20 DATE MIN. PRONOUNCED	MONTH	DAY YEAR 20 HOW
L	-	Tale Wh	11 1	May 30, 1		RS.		DEAD	10-2	6 1983 PM
4		RTHPLACE (STATE OR LEIGH COUNTRY)	76	CITIZEN OF WHA	AT COUNTRY?	8 MARRI	ED NEVER MARRI	ED 9 BALTIMORE	CITY OR COUNTY	OF DEATH
1	-	klahoma		U.S.A.		WIDOW			George's	
1	0 C11	Y OR TOWN OF DEA	TH 1	F NOT WHENCH FACE	TAL NURSING HOM	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPATIO	N (TYPE OF WORK 1)	26 KIND OF BUSINESS OR INDUSTRY S. G
4		anham	F	sorlors	Trophal	07/	30. Co.	Engineer		Loeffler
	JSUA 3a. ST	ATE	136. COUNTY		RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Engineering
1	M	aryland	P.G.	•	Greenbelt		YES X NO	8659 Green	belt Rd.	T-2 20770
3	4 FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDLE		LAST
1		od			Brown		Grace			ildress
1	60 W	AS DECEASED EVER I	N U.S. ARMET	D FORCES? R OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT			ess Same as
L	Ye	s- Army	W.W.II	Ţ.	448-09-17	208	Mrs. Lave	da Cowan	No# ]	13.
Г		IS CAUSE OF DEATH	d (Enter only o	ine cause pai ling	r (a), (b), and (c).)	-				APPROXIMATE INTERVAL
		PART I DEATH WA	AS CAUSED B'	1 011	Leurone	lust	a Carde	Moscular	duran	BETWEEN ONSET AND DEATH
T			IMMEDIATE		S A CONSEQUENCE					
		Conditions, if a								
		gave rise to cause (a) stating		(b)	S A CONSEQUENCE	0.5				
4		lying cause last.		DOL TO, OK A	3 A CONSEQUENCE	Or				
1		PART 2 OTNER SIGNIFICANT	CONDITIONS CON	(C)	T NOT BELLETED TO THE YEAR	HIMAL BICCACI	OR CONDITION GIVEN IN PAI			
	Z	S 40 - 6/			I NOT KELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIVEN IN PAI	KI I (Q.,		
*	CERTIFICATION	19a DATE OF SPERA	4 Llon		ON FOR WHICH OPE	RATIONW	AS PERFORMED?			20 AUTOPSY?
1	FICA	7121		The CONDITIO	S. T. OK WINCH OF EI	TATION W	AS I ENTONNED?			3-1-1
	RTI	210 EXTERNAL CAUS	FWAS	21b. TIME OF I	MILIDY	21, 124	OW INTEREST			YES NO
7	-	UNDERLYING DO	R	HOUR A.M.	MONTH DAY YEA	R	J++ INJURT OCCURRE	D LENTER NATURE OF INJURY IN	IEM IS PART   OR PART	2)
1	MEDICAL	CONTRIBUTING	AUSE OF DE		19	011.15	CATION			
	MED	214 INJURY OCCURR	WHILE C	STREET, FACTO	INJURY (AT HOME,		CATION	CITY OR TOWN	COUN	NTY STATE
		WHILE NOT NOT NOT WORK AT WORK	ORK	7						FLE VAN D
1				if the remains descr	ibed abave, held an	Autaps	sy , Inspection	Inquiry .	and in my apin	200
		death resulted frame				vicide	, Hamicide .	Undetermined manner	Circuity opin	
1		//	110107011	VW/	7	neide [	TITLE (SPECIFY)	Onderentified marrier	,	
1		ACTUAL SIGNATURE	yourts	1. Lea	agua			Y_MEDICAL EXAMINER	DATE SIGNED	10-27-8
7	150	J. Committee	1	1	11	M	D. Depart	MEDICAL EXAMINER	SIGNED	- 0/0
4		EXAMINER'S NAMI	A	sto P Po	riguez, M	D	ADDRESS 5000	Rayburn Ct.	Temple	Hille Md
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X ESTI-Μ. Edna Brown 1985 DEATH MATED 4 RACE SEX & AGE (IN YEARS IF UNDER TYR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED White 1905 Female. DEAD Ta BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTEMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. DIVORCED Prince George's D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Unknown Government II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Mt. Rainier 3305 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Mt. Rainier Maryland 3305 Perry Street, NO [] 15. MOTHER'S MAIDEN NAME Highlander Clue Cora Humes AS DECEASED EVER IN U.S. ARMED FORCES? 3305 Perry Street #1 577-05-4170 Charles Drew (Son) Mt Rainier, Md. 20712 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) chronic myocardial disease. gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BE USED AS A BURIAL-NT OF HEALTH AND MET BURIAL, CREMATION, O lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART ) OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING None CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN Inspection X 220. I certify that I taok charge of the remains described above, held on Autapsy Natural couses X Accident death resulted from: Hamicide L Undetermined manner TITLE (SPECIFY) GE 4 SHOU S FUNERAL ( FIF DEATH, Deputy DATE 10/3/85 SIGNATURE 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md. A O 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/5/85 Burial Fort Lincoln Cemetery Maryland Brentwood P.G. 07/84 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE DHMH - 17 Francis Gasch's Sons Funeral Home, P.A. DCT ia Davidson-Randelle (VR A15 ME (51) 4739 Baltimore Avenue Hyattsville, Md. 20781

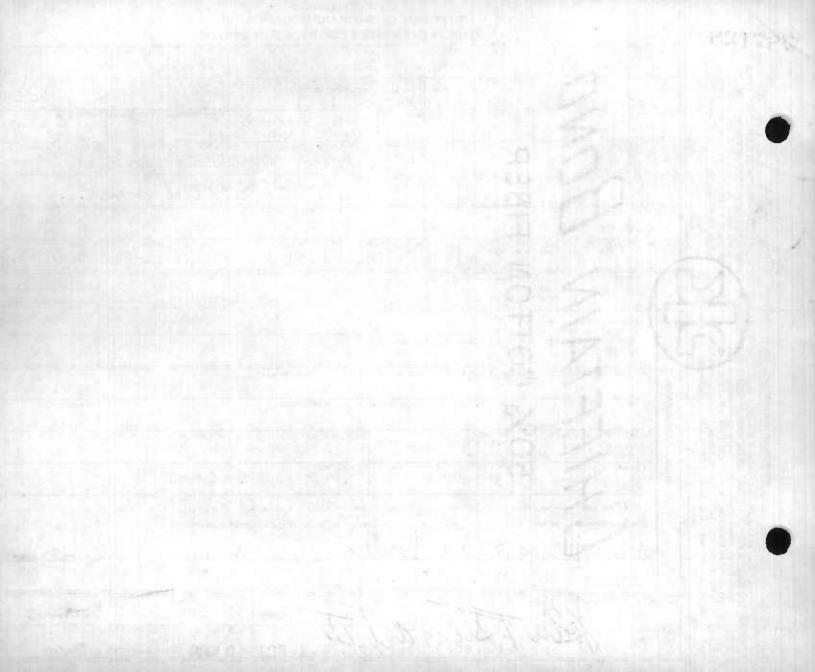
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offer this os the but hond M orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
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STATE OF MARYLAND

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4339 HUNT PLACE, N.E.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) DEATH MATED 10-3-85 BROWN RUSSELL SEX 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR RONOUNCED 10-3-85 :15AM June 27, 1949 yr 36 Male Black DEAD 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX USA DIVORCED Wash. D.C. Prince George's County D CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Maintenance Prince George's Co. Hospital C heverly 1136 COUNTY 136 CITY OF TOWN 13d INSIDE CITY LIMITS? 4839 Bass Place, S. E Washington, D.C. 15. MOTHER'S MAIDEN NAME George Davis Cordella Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mildred Norton-aunt-4839 Bass Pl.S 578 66 1444 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [ 21e. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) GOLDON WORD- SAX 8 SEAR UNDERLYING DOR subj. struck by bus CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME Rt. Mer (Penn. Ave.) @cnSoir ver Hill COUNTY STreety, FARM, ETC.) WHILE AT WORK Road Suitland Md Autopsy XX 22a. I certify that I taak charge of the remains described above, held an and in my opinion Notural couses Undetermined monner TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH DATE 10-3-85 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT Landover, Marylan Harmony Memorial Park 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Rd., N.E. OCT (VR A15 ME (5)) Mome-4001 Benn.



Takoma Fun'l Home, Inc. Wash. D.C. 20012

MUDICABLE 254 Carroll St 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Sully Street Care

STATE OF MARYLAND

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22a.1 certify that (1) (X1) saw the deceased all above, (1) (32) (did				nd that in (my) XX apinian	to death occurred on the			that (I) XX last causes stated
226 SKS-NATURE		See.	>		MEDICAL S	STAFF YSICIAN []	22c DATE	
Leon R. L		D.		P. O. Box 6	26 River	dale M	d 2073	7
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IMPORTANT. IF

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Cremation 10-13-85 Metropolitan Crematory Alexandria, Alexandria, Va.

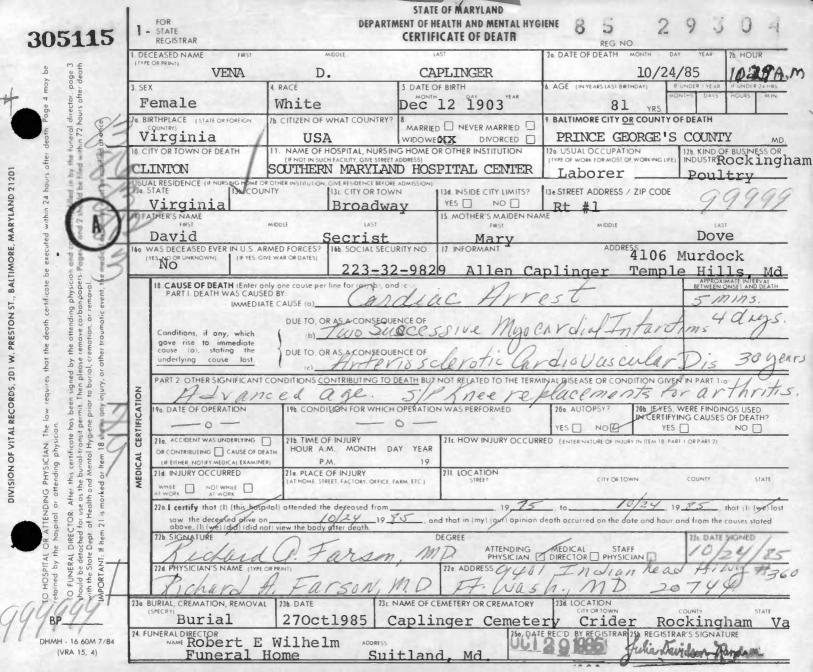
7 Francisc Casch's Sons Funeral Home, P.A.
4739 Baltimore Ave., Hyattsville, Maryland 0CT 17 1265 Julia Maryland

23c NAME OF CEMETERY OR CREMATORY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTIrancis DATE OF BIRTH 6. AGE (IN YEARS IF UND IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 36 49 DEAD YRS To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNT MARRIED PI NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. WIDOWED \_ DIVORCED Prince George's IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Cheverly Correction Officer D.C. Governme BALTIMORE, MD. 21201 130 STATE 113b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 6413 Cabin Branch Court MD Prince Georges Capitol Hts. NO [ YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Edgar Carey Sr. Bertie Bell 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6413 Cabin Branch Capitol Heights, 1954-1962 224-40-5969 ves Margaret J. Carev 18 CAUSE OF DEATH (Enter only one cause possible for (a), (b) and (c).) APPROXIMATE INTERVAL PRESTON ST. PART I DEATH WAS CAUSED BY: entrovoscular descare Musice IMMEDIATE CAUSE DUE TO AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate 3 cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ORTO BURIA YES [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (A) HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an and in my opinion Homicide Undetermined manner TITLE (SPECIFY) Deputy 10-18-85 MEDICAL EXAMINER Augusto P Rodriguez. ADDRESS 5009 Rayburn Ct . Temple Hills. Md (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 10/23/85 Maryland Veterans Cem. Cheltenham Prince George's MD 07/84 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. **DHMH - 17** 4339 HUNT PLACE, N.E. (VR A15 ME (5))

WASHINGTON, D.C. 20019

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07/84	BP	Bu	rial	TION, REMOVAL		26/85	Lin	coln	Memori	ial Ce	em.	Sui	tlane						1.
25M	DHMH - 17 (VR A15 ME (5))	MC	Guire	Funeral S	Serv	ice,Inc	Wash .740	ingto 00 Geo	n, D.0 rgia <i>l</i>	aveNN	750. DATE R	EC'D. BY	REGISTRA	R 25b RE	GISTRA	R'S SIC	andel	2.	11

(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 312060 REGISTRAR REG. NO. LAST 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTI CARTER October 26, 1985 RACE DATE OF BIRTH 3 SEX Feb. 2, 1929 Black Male g. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Prince George's West Virginia USA WIDOWED XIX DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Retired Postal Sup. Doctors' Hospital of Pr. Geo. Co. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Glenarden 7704 Glenarden Parkway 13c CITY OR TOWN 136 INSIDE CITY LIMITS? Maryland 1 FATHER'S NAME IS MOTHER'S MAIDEN NAME Betty Wade Scott Carter 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 234 40 7192 Harry L. Carter, Jr.-7704 Glenarden yes 18 CAUSE OF DEATH Enter only one couse per line for 10 , 16 , and 10 PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) ecomyo sarcma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC 1 WHILE NOT WHILE (Veteber 25 10 85 220.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on October 25 above, (1) (we) (did) (did not) view the body ofter death 🔊 , and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT/ 5506 Kenchorth aue. Rundole md. 20737 EAR-KWON H. 236 NAME OF CEMETERY OR CREMATORY Landover, Maryland Harmony Memorial Park Buria. 24 FUNERAL DIRECTO 256 REGISTRAR'S SIGNATURED DHMH - 16 60M 7/84 Benning Road

BP\_\_\_\_

(VRA 15, 4)

1.	FOR - STATE			DEPART		EALTH AND MENTAL HY	GIENE 8 5	6.		0
1 DE	REGISTRAR ECEASED NAME	FIRST	N	AIDDLE		AST	RE 20. DATE OF DEA	G. NO. TH MONTH	DAY YEAR	26 HOUR
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3 SE	X		RACE	0110021	5 DATE C	OF BIRTH	6 AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 I
F	EMALE	100	WHI	T-	MONTH		75	exxxx	MONTHS DATS	HOURS A
	IRTHPLACE (STATE OR	OREIGN 7b		WHAT COUNTRY	2 8		9 BALTIMORE C	TOR COUN	ITY OF DEATH	
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	ITY OR TOWN OF DEA				ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCU	JPATION	126 KIND C	F BUSINESS
	Lanham	Y	MADNO	HEACILITY, GIVE STREET		Mursing Hum	Homes	naker	LIFE) INDUSTRY	10
	STATE	ING HOME OR OTH	HER INSTRUCTION	GIVE RESIDENCE BEFO	DRE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDR			
	ryland		orge's	Bowie	***	YES K NO	12412 8	nelter		715
14 F	ATHER'S NAME	MID	IDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE	1.45	
	William	J.		Windl	and	Ione	mio	ott.	(Un	ik.)
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17. INFORMANT	A	DD 12412	Shelter	Lane
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Buriol Oct 21, 1905 Pt. Lincoln Conserv Frontrop, Irines George's, M. 00011 soutoned thora 10000 intropolis Nord 22 190

TO SOLUTE TO

## STATE OF MARYLAND DED A DESAFRIE OF MEALTH AND MENTAL HYCLENE

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,	- STATE REGISTRAR	DEFARIM		ICATE OF DEATH	REG. NO.	2 9 0	, 0 9
	I DECEASED NAME FIRST [TYPE OR PRINT] Mary	WIDDIE	70	AST	20 DATE OF DEATH MONTH	29 85	26 HOUR 20
		LRACE	Charto		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	3 SEX					MONTHS DATS	HOURS MIN.
	Female	White	8/2	7/1896	89 YRS		
		L CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUN	TY OF DEATH	
	Hungary	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	Prince George'	S	MD
2	10. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		R OTHER INSTITUTION	17a USUAL OCCUPATION	126 KIND C	F BUSINESS OR
9	Riverdale	Leland Memorial		i+-1	Housekeeper		_
-	USUAL RESIDENCE (IF NURSING HOME OR C			ILAI	110 ab off op or	(207	2)
4	130 STATE 136 COUNT	TY 13c CITY OR TOWN	N 1	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO	DE	,
1		Geo. Mt. Rair	ner	YES NO	3302 - Chau	ncey P.	Lace
1	14 FATHER'S NAME	NDDLE LAST	45 10	15 MOTHER'S MAIDEN NAM	MIDDLE	LAS	T
6	(Unkr	nown)	4		(Unknown)		
	160 WAS DECEASED EVER IN U.S. ARM		RITY NO.	17 INFORMANT	ADDRESS	Same	as
	(1455 NO OR UNKNOWN) (14 YES GIVE	WAR OR DATES) 133-26-	-2459	A James Ch	nartos (Son)	above	9
	18. CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and	dicut			BETWEEN	IMATE INTERVAL
	PART 1. DEATH WAS CAUSED	CAUSE (a) Cardine		t		mi	A.
	IMMEDIATE						
	Candidan it and 11 t	DUE TO, OR AS A CONSEQUE	NCE OF	ordinascules d	*		
	Conditions, if any, which gove rise to immediate	(p) 1000000000000000000000000000000000000	ww., ,		·PLENET	gun	·2-
	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF				
		(c)					
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	O Chrome pens	The state of the s	a gran	ogy, Senih dem		dison	
5	5 190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		YES, WERE FINDIN	
	<b>■ /1/25/85</b>	Refusing to est	- feed	ling gestrostomy		YES [	NO 🗌
	Chrome person  190 DATE OF OPERATION  19/2 1/37  210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	217. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART   OR PART 2]	
		n	Y YEAR				
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
	W I I I I I I I I I I I I I I I I I I I	(AT HOME STREET FACTORY OFFICE FA	ARM ETC 1	STREET	CITY OR TOWN	COUNTY	STATE

the burial-transit p should be detoched for with the State Dept of

marked or Item 18 shows

ME

WHILE

276 SIGNATURE

NOT WHILE

22d PHYSICIAN'S NAME ITYPE OR PRINT Byrl D. Johnson, M.D.

220.1 certify that (1) (the hospital) attended the deceased fram. saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Nalley's F.H.Inc. (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL 236. DATE 11/1/85

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

Mt. Rainier, Md.

231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.

DEGREE

M.D.

ATTENDING

Brentwood

4408 Queensbury Road, Riverdale, Md. 20737

101

STAFF

and that in (my) (ear) opinion deoth occurred on the date and haur and from the couses stated

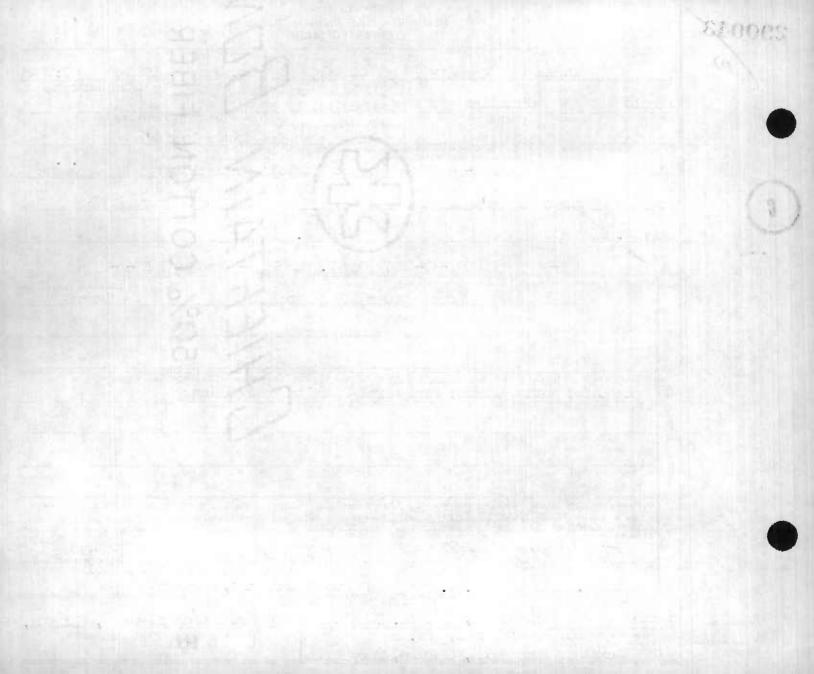
MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Pr. Geo. Md.

22c DATE SIGNED

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Lilia Tavidson Pando



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 304103 REGISTRAR 1. DECEASED NAME CLARRIDGE (TYPE OR PRINT) DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED WIDOWED TO Pr. Geo. D.C. U.S.A. DIVORCED Wash. II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Housewife Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20722 113b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Bladensburg Rd. Pr. Geo. Cottage City YES A NO 🗌 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIE MIDDLE Greenwell Irene Benjamin Grav 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146. SOCIAL SECURITY NO. 17. INFORMANT 1200 ADDRESS Columbia Pike Silver Spring, Md. 579-32-3862 Catherine White No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY vilue unth complications Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOT CONTRIBUTING CAUSE OF DEATH (AT HOME, AT WORK NOT WHILE 22a. I certify that I took charge of the remains described above, held on Accident death resulted from: Homicide Undetermined manner TITLE (SPECIFY) Deputy Augusto P Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md Pr. Geo. Md. Brentwood Ft. Lincoln Cem. Burial 07/84 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Nalley's F.H. Inc. "Mt. Rainier, Md. (VR A15 ME (5))

247015	1-	FOR STATE REGISTRAR		DEPARTI	STATE OF M MENT OF HEALTH CERTIFICATI	AND MENTAL H	HYGIENE 8	5 2 REG. NO.	9 3	1 2
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the fun de de	10 C	TY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSIN	IG HOME OR OTH		12e USUAL C	CCUPATION	12b. KIND O	F BM POLAN
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AL OR ATT the hosp AL DIRECT detached for Dire Dept. or IT: If hem 2		226 SIGNATURE NO COMPANY		Fernhad	M.DEGREE		G MEDICAL DIRECTOR [	STAFF  PHYSICIAN	220 DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (IN NIRMALA K		ah M D		DDRESS			2070	
0 4 2 4 M	23o E	URIAL, CREMATION, REMOV			NAME OF CEMETER	RY OR CREMATOR	RY 23d LOCA	nham, Md.	20706	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

BURIAL 11/2/85 GATE OF HEAVEN

14 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.

500 UNIV. BLVD., W., SILVER SPRING, MD.

VER SPRING MONT

MD.

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298048		FOR STATE REGISTRAR	D350		FICATE OF DEATH	REG. NO.								
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN. The law requires that the death certificate be exercise that the hours of the this certificate has been signed by the offending physician and the property of the please remove carbon papers. Page the buriol-transit permit. Then please remove carbon papers. Page the ord Mental Hygiene prior to buriol, cremotion, or removal.  orked or flem 18 shows any injury, or other traumotic event, the median control of the page.	USU 13a.	AL RESIDENCE (# NURSING NOME OR STATE 136 COUN		E BEFORE ADMISSION	134 INSIDE CITY LIMITS? YES X NO	3212 Pop	- (	1944						
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1 lour	24 6	UNERAL DIRECTOR	1,2////00	Z. M. DC										
DHMH-16 20M		1. S. WASHINGTO	6704 - SONS 4925 BUILDUGIR AVE, NOCT 23 1985 Villa, Maindan Rondoll											
(VRA 15, 4) 7/7B	14	. J. WASHINGTO	4 + 20 NS 49	25 BUILL	LUGIN AVE, NE	T 23 1985	114A, JAIMON	-Audande D2.						

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 305102 2a. DATE OF DEATH 26 HOUR DECEASED NAME 05E 85 Μ. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX 4 RACE F UNDER 24 HR YEAR HOURS. 1902 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE TE CITIZEN OF WHAT COUNTRY (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED Prince George's County Virginia WIDOWEDY USA LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Retired Seamstress/Dept. Store SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13E CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Bowie 12719 Hoven Lane 20716 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louis Marchetti Argentina Gianotti ADDRESS 02 Sargent Road 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 577-01-6542 Hyattsville, MD 20716 NO Francis L. Costantino 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY OFFICE, FARM, ETC 1 NOT WHILE 220 1 certify that (1) (thus hospital) attended the deceased from CT sow the deceased alive an OC 2 above, (1) (me) (did) (did not) view the body aftendenth , and that in (my) (cor) opinion death accurred an the date and have and from the causes stated 226. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE

Burial

23a BURIAL

Ft. Lincoln Cemetery

Brentwood, Prince George's, MD

Beall Funeral Home

16000 Annapolis Road Bowie, MD 20715-3043 DE SOLE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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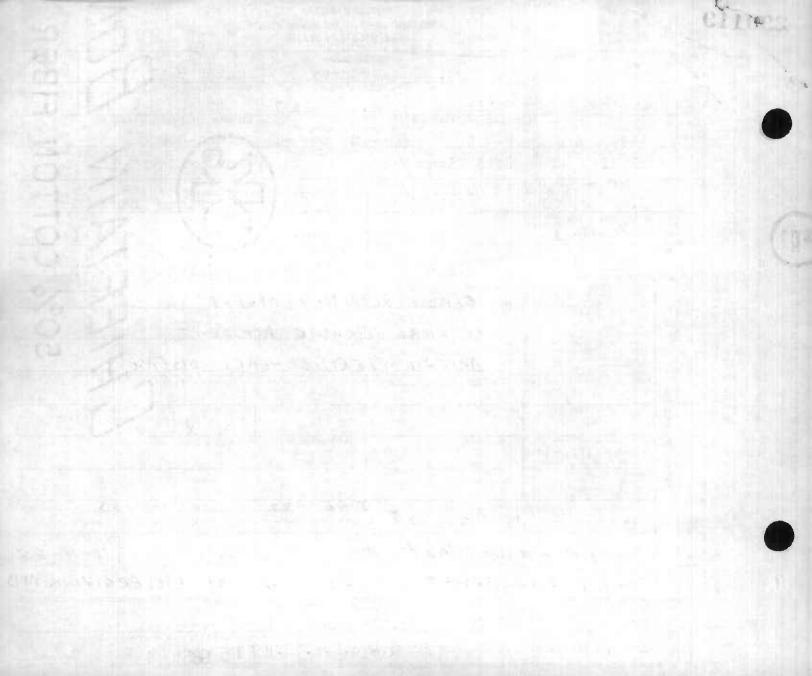
Oct 25,1905 Ft. Lincoln Censter Fren wood, irince Coores, will

STATE OF MARYLAND - STATE 310002 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR EST! ARREN FFURE 1985 DEATH MATED 20 SEX 4. RACE IF UNDER 24 HRS 2d HOUR DATE 830 LAST BIRTHDAY PRONOUNCED 02 DEAD 83 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED UJA GEVRGE'S WIDOWED [ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION MYATTOVILLE 400 13d INSIDE CITY LIMITS? YES X 15. MOTHER'S MAIDEN NAME RUMP Vadin 7 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OP NIKNOWN) (IF YES, GIVE WAR OR DATES) 579 561721 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: myocardia IMMEDIATE CAUSE (o Conditions, if ony, which Evisouller of2 Cardiovastu gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Zã 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR NIA CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion PAGE 4 SHOULD BE RECTOR FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE death resulted from: Suicide Hamicide Undetermined monner DATE 10/20/85 TITLE\_ISPECIFY MEDICAL EXAMINER 4203 QUECHSbury (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Md' 230ct1985 | Washington National | Cemetery Suitland Buria 07/B4 24 FUNERAL TROBERT E Wilhelm Suitland, Md. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** whia Davidson Rando Funeral Home (VR A15 ME (5))

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	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) JE UNDER I YEAR IF UNDER 24 HRS
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OR ATI		above, (1) (we) (did) (did no 27b SIGNATURE	10 - 9 - 19 S	DEGREE	death occurred on the date and hour and from the causes stated
the or the Dill Of		Tomi P. K	Kannaslant	MA ATTENDING	MEDICAL STAFF PURFCTOR PHYSICIAN   10-11-85
SPITA SPITA NERA be de		224 PHYSICIAN'S NAME LTYPE O		27e ADDRESS	- A
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	1	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUNTY STATE
BP	24 F	Burial UNERAL DIRECTOR		t.Lincoln Cemet	ery Brentwood PG Md
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 11	Himes/Rinaldi	i 11800 New Ha	mp.Ave.S.S.Md.0	T 1 5 1985 Shin Tourdson Randore

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THIN 24 HO CIL IN ITEM ARE ALCING AL HYGIEBE REMOVAL		PARTIDEAT		E CAUSE (a	en	of fue	luce					1 (3)	
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E EERSTE			if any, which to immediate	(b)		V		100				1	
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S PANAGO		(c)											
DIVISION OF VITAL RECORDS, 201 S CRETIFICATE SHOULD BE EXECUTE RETING THE WORD "PROMENS" IN RED TO THE CHIEF MEDICAL BY RE 3 SHOULD BE USED AS A BURKA. RE DEPARTMENT OF HEALTH AND ROOF PROPERTY OF BURKAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a):											
PENDRE PE	CERTIFICATION												
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ME THE TOTAL SERVICE STATE OF THE SERVICE SERV	MEDICAL	CONTRIBUTING			A. OF INJURY	19	II. LOCATION						
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MIN		death resulted	fram: Natur	al causes .	Accident	, Suicid	, Ho	omicide	Undetermined	monner .			
A WILLIAM		ACTUAL /	There.	Q	0.		TITS	e (SPECIFY)				1-	A 07-
CAL EXA SHOULD ERAL DIR FATH, WI PRE, MAR		SIGNATUR	pugu	my /. /	Huy	que	M.D	epucy	MEDICAL EX	AMINER	SIGNED	10-	7-85
MOE S DE		EXAMINER'S NA	ME Nubun	to P Rodi	iguez	· Man		5000	Dawhump (	Tom	חות	U:11a	Ma
TO MEDICAL EXAMINER: RECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM: TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		EXAMINER'S NA (TYPE OR PRINT)					ADDRES		Rayburn (		bre 1	TITIE,	PIU
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Ivy Hill Cemetery

236 BURIAL CREMATION, REMOVAL

Burial

1500

(VRA 15, 4)

236 DATE

24 FUNERAL DIRECTOR Everly-Wheatley Funeral Home

10-17-85

W. Braddock Rd. Alex., Va

STATE OF MARYLAND

ORTOWN

Alexandria, Va.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

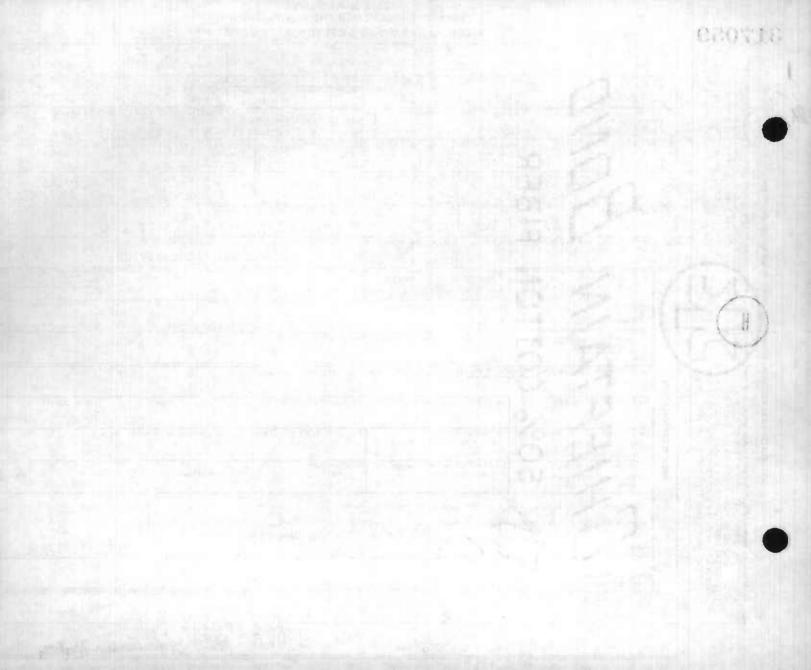
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH~ REGISTRAR DECEASED NAME 20 DATE KNOWN TO YES DEPOSITE DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED IRGINIA WIDOWED [ DIVORCED CERCRES CITY OR TOWN OF DEATH WAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY MEVERL 1720450 DME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRE MI, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY S. A. CONSEQUENCE OF DUE TO: OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE WERE EXECUTE THE CERTIFICATE, WRITING THE WORLD BE FORWARDED TO THE CHAPPING TO FORWARD SHOULD BE TO FORMAT TO THE CHAPPING TO BALTIMORE, MARCHAP STADA PRIOR TO BUTTURED TO THE STATE DEPARTMENT OF BALTIMORE, MARCHAP TO THE STATE DEPARTMENT OF THE STATE DEP YES IC. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART UNDERLYING CONTRIBUTING CAUSE OF DEAT 210 PLACE OF INJURY (AT HOME, 21E LOCATION 21d INJURY OCCURRED WHILE AT WORK Autopsy 220. I certify that I took charge of the remains described above, held on Accident death resulted from: Natural causes Suicide Homicide \_\_ Undetermined manner TITLE (SPECIFY) SIGNATURE Deputy\_MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Rodriguez, M.D. ADDRESS 5009 Rayburn Ct. Temple Hills Md 230 BURIAL, CREMATION, REMOVAL 236 DATE LAUREL 07/84 25M 24 FUNERAL DIRECTOR 57 250. DATE REC'D. BY REGISTRAP 150 REGISTRAP'S SA **DHMH - 17** (VR A15 ME (5))

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	Marylano				lotte 1	Hall	13d INSIDE C	NO [	Rt 1	BOR	468		wrec	ckers	2
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1	EXAMINER'S (TYPE OR PRIN	NAME Greg	ory R. Ka	uffma	n, M.D.		ADDRESS 1	lll Per	nn St	. Ba	alto.N	1D.	N.	37.74	a rui
73a.	BURIAL, CREMA	TION, REMOVAL	23b DATE	23c. h	NAME OF CEM	ETERY O	RCREMATO	ORY	23d. LOC/			COU	NITY		ATE
	Burial		Nov. 5,1	985 1	Holy Tr	init	y Epi	scopal	Bo	wie.	Mary			51	AIC
	FUNERAL DIREC					lin,			C'D. BY RE	GISTRAR	25h REGI	STRAR'S S			
1	onaldso	n tunera	e Home, L	aurel.	, Md	-		NONO	. No		Julian	Devido	-A	ander	40



33502 ADRESS FELLOW Street 20781 Kines ADDRESS 9748 52nd Place Russell F. DeAtley, Jr. College Park, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Orserting thoraxee bucurysm DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY and that in (my) (our) apinian death accurred on the date and hour and from the causes stated 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN T DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT Hong Tee, M.D. 3415 Hamilton St. Hyattsville, Maryland 20782 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 10/8/85 Burial Fort Lincoln Cemetery Brentwood P.G. Maryland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR SOIGNATURE Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

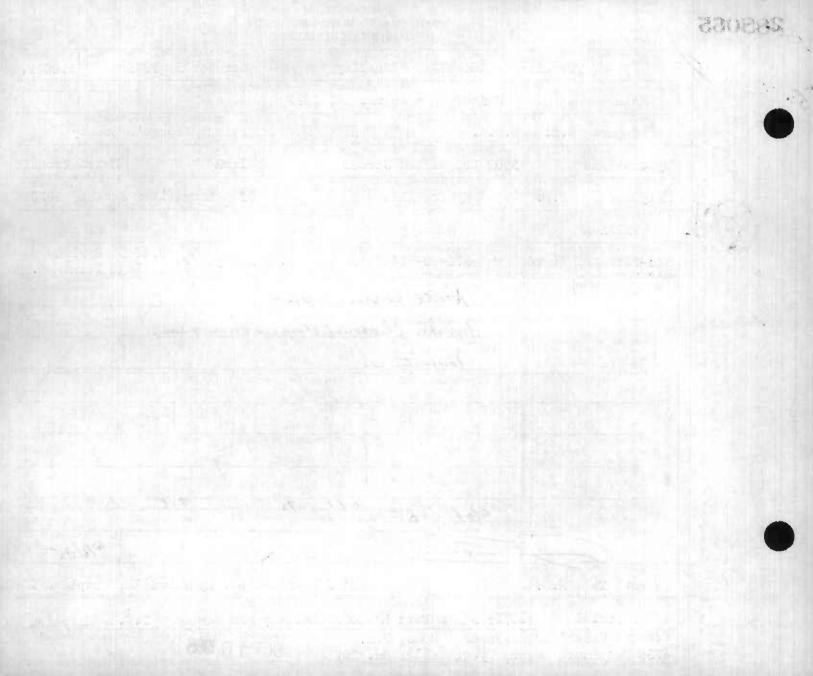
2b HOUR

Metro Transit

1:00 P.

DHMH - 16 60M 7/84 (VRA 15, 4)

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## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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		) FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the threstel director	ould be detached for use as the burial-fronsit permit. Then please remaye carban paper in the manufacture of te		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

		CEASED NAME FIRST		MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
	MARJORY MORDEN DEATLEY					ATLEY	(00	783 2:35 Pm	
2	3 SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	Female		Caucasian		May 12, 1918		67 YRS	MONINS DAYS HOURS MIN,	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8		9 BALTIMORE CITY OR COUNTY OF DEATH		
7		New York	USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		PRINCE GEORGES MO.		
17	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		G HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR	
6	R.	LINTON /	Sout !	THE FACILITY, GIVE STREET	ADDRESS)	Jatigzof	(TYPE OF WORK FOR MOST OF WORKING LI	Own home	
P	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	F	
2			arles	Indian		YES NO	103 Jenkins		
71	1 FA	THER'S NAME	MIDDLE	LAST	1	15 MOTHER'S MAIDEN NAM		LACT	
4	/	Garfield	- Induction	Morde	n	Bernic		Kobler	
9	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1			166 SOCIAL SECU	RITY NO.	17 INFORMANT Hus	band ADDRESS		
6		No		080-10-	4304	Wilbur W.	DeAtley same	e as 13	
d		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) PART I. DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Undutted							
		Conditions, if any, which (b) Wellersur Dear can consequence of the conditions of th							
								STATE OF THE STATE OF	
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSECUTENCE OF				0 0 0	1-1-	al A	
		underlying cause lost. (c) Neutrillia Withill p					upon person	& Brember	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	CERTIFICATION								
	CAT	19a DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
house	RTIF							ES NO	
7		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	21b. TIME C	OF INJURY M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM. ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	~	AT WORK NOT WHILE				- nd	BAI	2	
		22a. I certify that fi this hosp			CAI.	1891	10 000 1	19, that (I) we lost	
		saw the decessed alive on 19, and that in (my) opinion death accurred an the date and hour and from the causes stated above, (I) we'did) (Number of the body after death.							
		226 SIGNATURE	1 00	1	MD	EGREE	MEDICAL STAFF	221 DATE SIGNED	
		XV	tarde	X800	1017	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4/10	
1		22d PHYSICIAN'S NAME (TYPE ORANIT) 22e ADDIESS 22e ADDIESS							
		27	ANIN	1		Mylon	x Mol		
		URIAL, CREMATION, REMOVA	23b. DATE	23€. №	NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY STATE	
Cremation 10/8/85 Huntt Crematory Waldorf C							harles MD		
		INERAL DIRECTOR		236 DATE REC'D, BY REGISTRAR'S SIGNATURE					
		Huntt Funons	Homo	Maldor	of M	111:1	9 1985 dulia 1	ILM ALLA BAMALAGO	

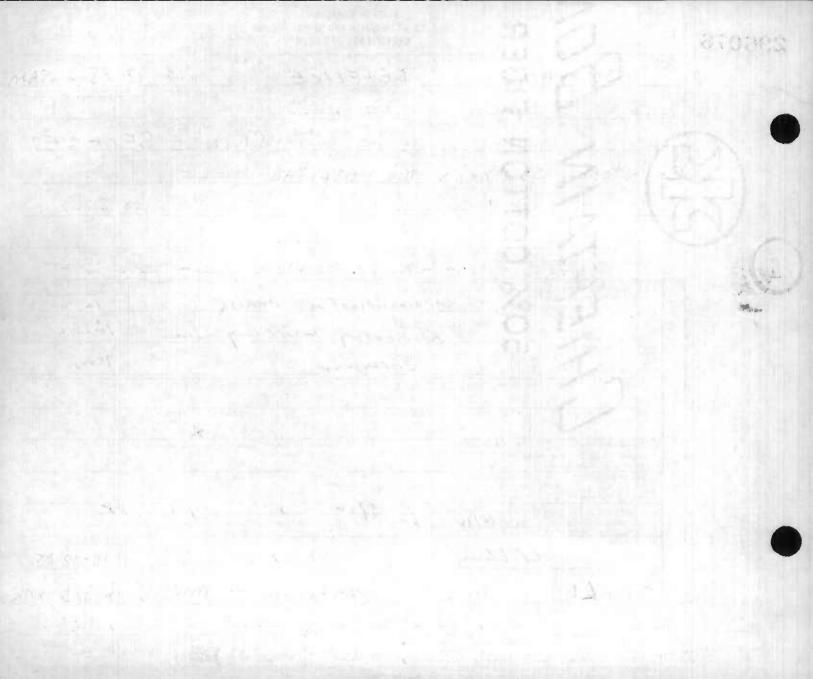
Dr. Pasquale De Felice - Same As #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred on the date and how and Iram the causes stated 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 0-18-83 774 PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS 3710 RIVIERA ST. 23c. NAME OF CEMETERY OR CREMATORY October 21, 1985 Maryland Veterans Cemetery Cheltenham, Maryland Lee Funeral Home, Inc. BY REGISTRAR 25W REGISTRAR'S SIGNATURE 1 (VRA 15, 4) 663\$ Old Alexander Ferry Road, Clinton, Maryland

26 HOUR

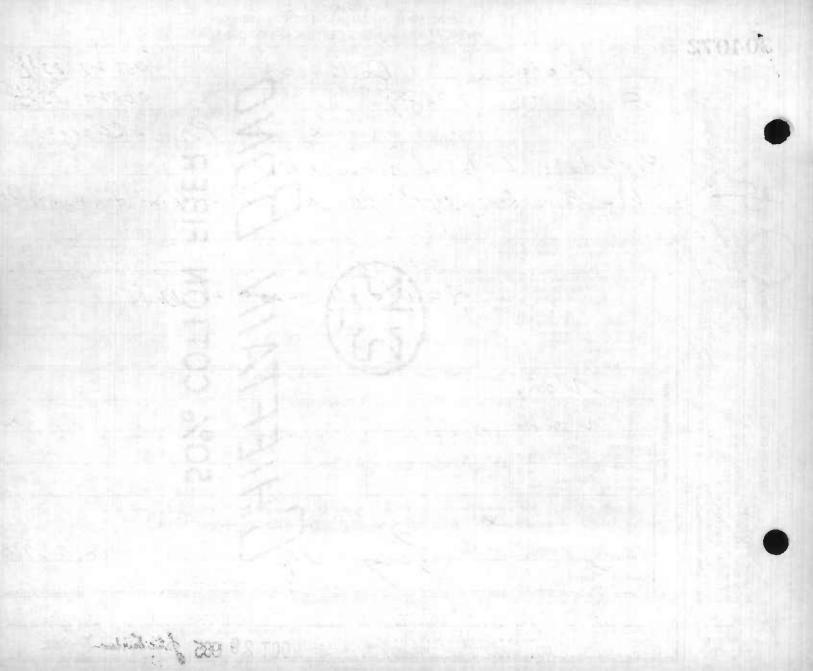
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Home

DHMH - 16 60M 7/84



		1		STATE OF MARYLAND	
		11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 2 5
30	4072		REGISTRAR EASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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2	世界	1	2	OF IN SUCH SACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
9	5 x x x x	LISUA	L RESIDENCE (IF IN NURSING HOME OR OTHER IN	STITUTION, GIVE RESIDENCE BEFORE ADMISSION	
2 1	95394	13a S		130 CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 207,8	32
-	44112V		What Runceb	ed radity of to VIIIc YEST NO 1 0610 Hz milto	Mondy
W. H.	-30///	17 17	THER'S NAME FIRST MIDDLE	LAST IS MOTHER'S MAIDEN NAME MIDDLE	LAST
000	# S 8	1	BRYAN /AS DECEASED EVER IN U.S. ARMED FOR	MULKERINS HONOR MULKE	RINS
作	40 88 8 W	{Y	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA		37TH AVENI
1816	SEES!		NO I	219-64-3578 SABINA D. HARTNETT, HYATI	SVILLE, MD.
F 8	出ること		18 CAUSE OF DEATH (Enter only one car PART I DEATH WAS CAUSED BY:	use per line for (o), (b), and (c).)	SETWEZ OF TENZ DEAT
ON 24 H	VA SERVICE		IMMEDIATE CAUSE		
PRESTON ITHIN 24 H	ASIT P HYG MOV		Conditions, if any, which	UE TÖ, OR AS A CONSEQUENCE OF	
	ANNER TRANS		gove rise to immediate	(b)	
201 W.			lying cause last.	UE TO, OR AS A CONSEQUENCE OF	
			BART 2 OTHER CICHIEICANT CONDUCTORS CONTRIBUTE	(c)	
RECORDS,		Z	None	THE TO CEATE BUT NOT RECARED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (6)	
	MEDIA MEDIA D AS A TEALTH CREA	CERTIFICATION		96 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TAL JO	RESHOW	J.	1/2		YES NO.
DIVISION OF VITAL	00 85 8	12		16 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
S S	THE COUNTY OF TH	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	
ISIO	DEPART PRIOR	MEDICAL	214 INTURY OCCURRED 2	DE PLACE OF INJURY (ATHOME, 211. LOCATION	
S CE	· 전 전 法 正 2	X	WHILE AT WORK AT WORK	STREET CITY OR TOWN CO	DUNTY STATE
Ĕ	>> 4 4 -	183			
NE R	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		224 I certify that I took charge of the r		pinion
-	RYL RYL RYL RYL RYL RYL RYL RYL RYL RYL		death resulted fram: Natural causes		
T X	L DIRE		ACTUAL /	TITLE (SPECIFY)	Gry 27/980
3	SE SE	9	SIGNATURE	M.D. MEDICAL EXAMINER SION	0654.
WED	SH SH		EXAMINER STAME	ROGERS ADDRESS 1919 SEMINARY RD. SILVET	ם כמסדוור ווח
0	APT APT	23a BI	JRIAL CREMATION REMOVAL 236 DATE	236 NAME OF CEMETERY OF CREMATORY 236 LOCATION	
07/B4 P		(5	PECIFY)	/85 COUNTY GALWAY COUNTY GALWAY	IRELAND
25M	3P	24 FI	BURTAL 11/2  JNERAL DIRECTOR FRANCIS 1	. COLLINS, JR. 250. DATE REC'D. BY REGISTRAR'S	SIGNATURE
	DHMH - 17 (R A15 ME (5))			SILVER SPRING MD. 20901 OCT 29 1985 Junio Livide	- Mandall
			DO WITT OULVE WE	CALLY CITY OF THE ACTION OF TH	



287125	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 RED NO. 2	9321
1		CEASED NAME FIRST	WIDDLE	LAST		AY YEAR 26. HOUR, 0
1 1 5	TYPI	or Print) Mer	ton H.	Diels	10	- 85 11:40%
A Para Salar	3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
1 soft		Male	Caucasian	Sept. 26. 1905	80 YRS	ONIHS DATS HOURS MIN.
Pog dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
nero n 72		oountry) Nebraska	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges	MD
de for de		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
s of	]	Lanham	Octors Hospi		Retired	USDA USDA
A per to	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	113e STREET ADDRESS / ZIP CODE	
THE BELL			Georges Bowie	YES NO	12005 Tulip Grov	e Drive 20715
d 2 sh		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
cured within conditions a completely		FIRST Henry	Martin	Diels Unkown	WIDDLE	LAST
ad co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	
iate be execution and copers. Pages 1 val.		no	496-01-	9903A Virginia N.	Diels same a	s 13e
sicro		18 CAUSE OF DEATH (Enter or	nly one couse per line for 101, (b), o	ind ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. Ad on		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	DIAC KKK	LEST	1 House
ading corbi			DUE TO, OR AS A CONSEO	UENCE OF .		3 WEEKS
deod deod		Conditions, if ony, which	( 1b) SE			
the the removement		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEO	UENCE OF DIN PET	S MELLITUS	3AYEAD!
that d by lease iol. cr		underlying couse lost	(c)			
NG PHYSKIAN: The law requires that the death cert attending physician.  Ifter this certificate has been signed by the attending os the burial-transit permit. Then please remove corbor th and Mental Hygiene prior to burial, cremation, or resorted or team 18 shows any injury, or other traumatic expension.	NO	PART 2. OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
bee bee	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
he li hos.	HE				YES NO YES	
No. The hysicion icote hygie Hygie 18 shor		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ( OR PART 2)
SKCIA ng ph ng ph certifi urial-tr tentol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
PHYS ending this is but ad My	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	.FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke orke	1	MHILE NOT WHILE AT WORK				
NS: A			tol) oftended the deceased from	Ch promo		9_85, that (I) (we) lost
ATTIE SSpirit SCTC d for f of			ti view the body ofter death.		death occurred on the date and hour	
OR AT OR AT DIREC- oched f Dept of if hem if		226 SIGNATURE	A MAL	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
FRAL State		22d. PHYSICIAN'S NAME (TYPE O	receipt	PHYSICIAN D	DIRECTOR PHYSICIAN	
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined the Store I IMPORTANT: If		JOHN C	LOSMA, M	. P. 14300 GA	LLANT FOY	, BOWIE, MI
0 9 0 0 0 W W		BURIAL, CREMATION, REMOVAL	23k DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
BP	T	ransit-Burial	9ct 11 1985F	orest Hills Cemeter		issouri state
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR		nnapolis Road 250 DA	TE REC'D. BY REGISTRAR 25b. REGISTR	PAR'S SIGNATURE
(VRA 15, 4)	Be	eall Funeral Ho	Bowie. Me		CT 9 1985   Juliu	widon-Aandassi

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 283106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH~ REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. THIN 72 HOURS Lester DEATH MATED XOCT. 19 85 Dietrich D. H. 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH **IF UNDER 24 HRS** 6:53 DATE PRONOUNCEDOCT (YACHTRIB TE Aug. 28 1918 67 Male Caucasian 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio U.S.A. DIVORCED Prince George's IL CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Oxon Hill Brockton Rd. Machinist - Ret. USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONIL 20745 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Oxon Hill 317 Brockton Rd. Maryland YES X NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Louis MIDDLE MIDDLE Dietrich Lettie McPherson 17 INFORMANT 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 317 Brockton Rd. 282-12-8644 Yes Beverly Ann Motter Oxon Hill, Maryland IB CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c).) erio selentio carebro-Cardiolysseule PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIA YES [ NO F 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 2To HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2'S 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 10-4-85 Deputy 5009 Rayburn Ct., Temple Hills. Md. Augusto P. Rodriguez, M.D. 23d. LOCATION 236 BURIAL CREMATION, REMOVAL 236 DATE 23¢. NAME OF CEMETERY OR CREMATORY 10/8/85 Maryland Veterans Cem. Cheltenham P.G. Maryland 07/84 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRES6160 Oxon Hill Rd. **DHMH - 17** I drew Brydett George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))

Later D. E. . do muli Mile Comparing us. 28 1918 67 1.8.4. Obio Parage Pagist X Oxon 122 gr -g skton d. rto in oir or . to: - toining Pir Incektor Id. lite ror) at root oning and lyre! Tietrich Lettie cuis WII 202-12- but beverly and other coensill, brind So V

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surial 10/8/85 haryland Veterans Jo. Meltenham . J. Jury and 610) won mil no.

STATE OF MARYLAND

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poge er dear	3. SE)			RACE	S. DATE C	F BIRTH 1898	October  6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
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0 11/0	7a BII	THPLACE (STATE OR FORE		CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH	
4 12/27	`	V York	U	nited States	WIDOWE	DI NEVER MARRIED XX	Prince Ge	orge's	s Cour	ntv MD
5	10 CI	Y OR TOWN OF DEATH	11.	NAME OF HOSPITAL, NURSING	HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF	BUSINESSOR
1 11 70	H	yattsville		Carroll Manor	Nur	sing Home	County en			County
hour as a	-ISUA		OME OR OTH	IER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
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4 Fd. 200	H FA	THER'S NAME	MIDI	D(E LAST		15 MOTHER'S MAIDEN NA	ME	17.5%	LAST	
P (FILENA	/	Dominic	1	Di Mar	ia	Clara		14	Const	tantino
100		AS DECEASED EVER IN L		AR OR DATES)			ster) ADDRE	<sup>SS</sup> 4400	East	-West
9 6 6		No		069-18-	4988	Nancy E. De	Maria, Hi	ghway	Beth	esda MD
ysicil operation of the state o		18 CAUSE OF DEATH E	nter only o	ine cause per line for 10 , (b), and	10				BETWEEN	MATE INTERVAL
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v req	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED
n. nos t	IFIC			The State of the S			YES NO TO	IN CERTIFYIN	G CAUSES	OF DEATH?
Sicio orte l onsit ygie	ERT	21a ACCIDENT WAS UNDERLY	ING [7]	216. TIME OF INJURY		21c. HOW INJURY OCCUR				
Phy Phy rrific ol-tro fol F		OR CONTRIBUTING CAUSE		HOUR A.M. MONTH DA	Y YEAR					
ding ding is ce burid Men	MEDICAL	214 INJURY OCCURRED	(AMINER)	21e PLACE OF INJURY	14	211 LOCATION		2.5		
G Prenther the and and ked	ME	WHILE NOT WHILE		(AT HOME STREET, FACTORY, OFFICE FA	RM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
or of After After Morth				ottended the deceased from	Augu	st 19 84	10 Octob	er 19.	85	hot (li XX lost
TTEN Or to P		sow the deceased a	ive on S	eptember2319_	35 or				nd from the c	ouses stoted
R A hosp REC Hed hed tem them	14	22b. SIGNATURE	HOTTV	lew the yogy offer deom		DEGREE			22 DATE S	IGNED
the part of the pa		A-4-	2	Col-	1.	7 ATTENDING PHYSICIAN &	MEDICAL STAT	IAN []	1.9	ber 8,
SPIT SPIT A PA		22d. PHYSICIAN'S NAME		1 -		22e ADDRESS	#43	0		20770
TO HOSPITAL retained by the TO FUNERAL should be der with the State IMPORTANT;		Stuart J.	Tur	kevitz, M.D.		7500 Green	way Cente	r Dr.	Gree	nbelt.
5 € 5 € 3 ₹	23a B	URIAL, CREMATION, REM	OVAL	236 GATE October 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP	- 1	Burial		11,1985 Mt	. Ca	lvary Cemet	ery Cheek	towata	Ner	w York
DHMH - 16 60M 7/84	24 FL		ert	A. Pumphrey	Fune	ral Homes DAT	E REC D BY REGISTRAR	256 REGISTRA	R'S SIGNATL	REMODIL
(VRA 15, 4)	P.	7557 Wi	scon	sin Avenue	Roth	0,00	CI 1 U 1985	/		

P.A. 7557 Wisconsin Avenue, Bethesda, Mb



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR CTYPE OR PRINTS ESTI-DEATH MATED 10 A RACE 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED WIDOWED DIVORCED 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS armin 13e STREET ADDRES MIDDLE 17. INFORMAN IYES NO OR LINKNOWNY (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause persone for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSA DE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ATE, WASTED TO THE UNITE PAGE 3 SHOULD BE UNITED THE STATE DEPARTMENT OF THE S YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INITIRY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD DE TO FUNERAL DIRECTOR: PAGE 4 STORE PEATH, WITH THE STORE PAITINGORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Algusto 5009 Rayburn Ct . Temple Hills, Md Rodrigue TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

317117 William the Edward Commence of the Commence of Chirton In the Hangle It I have the way to the The work of the second BECK TO SHOW THE SERVICE OF THE SERV to be sufficiently to state the term of the legal to be legal to be being the moral There is weather the production of the state that The state of the second second

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME FIRST 2h. HOUR LITYPE OR PRINTS 198 Gladys Doolan Oct. N. 4 RACE & AGE IN YEARS LAST DIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR 5. DATE OF BIRTH 3 SEX MONTH 85 White Female 12-21-99 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges WIDOWEDIXX Dinnesota 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Beltsville President Doolan Elevator 13209 Greenmount Avenue USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13209 Greenmount Avenue 134. INSIDE CITY LIMITS? Beltsville Maryland Pr. Georges YES PO NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fish Matilda Melvin Gage 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 578-60-3768A Gladys Jean Reed-daughter-(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH If CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

7 In ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH

220.1 certify that (11) (this haspital) attended the deceased fram

P.M

21e PLACE OF INJURY

AT HOME STREET FACTORY, OFFICE FARM ETC 1

DEGREE

231 NAME OF CEMETERY OR CREMATORY

211 LOCATION

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

27k SIGNATURE

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

WHILE NOT WHILE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on 1014

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Irmest S. Oser, MD

10301 Georgia Ave., Silver Spring, Md. 23d LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

FOR

Hines Kinaldi Funeral Home

11800 N.H. Ave. Md.

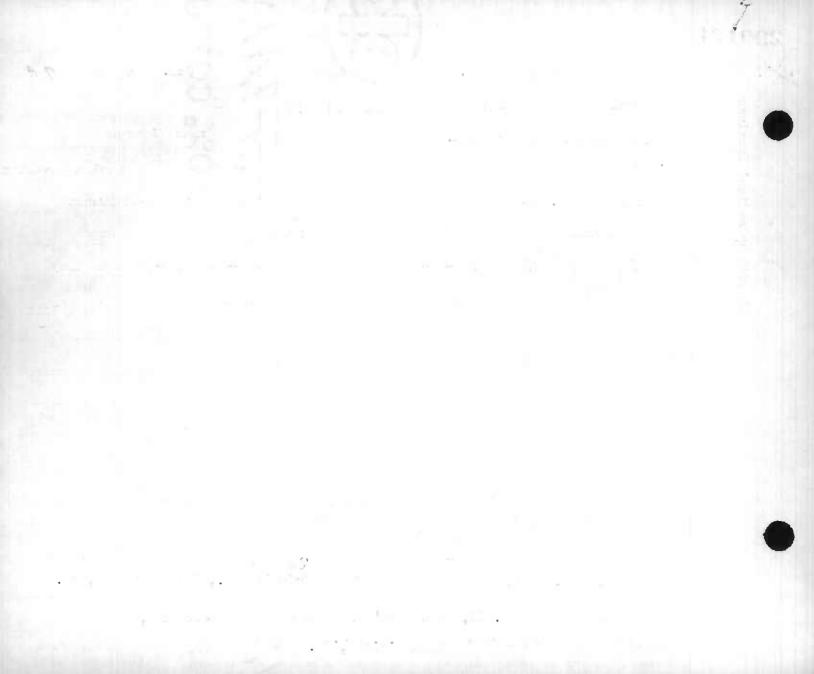
Washington, DC Oct. 11. 1985 Lee's Crematory

Prezano

and that in (avour) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 4/B3 (VRA 15, 4)

ORTANT



3120	58	1	STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 3 3 2
oge 3	1		ORPRINT)	MIDDLE	DOUGLAS	20 DATE OF DEATH MONTH D	7 85 5 05.A
tor. pog		3 SEX		4 RACE Black	5. DATE OF BIRTH  Month March 4, 1903	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
eath. Page eral dire	83	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWER DIVORCED	9 BALTIMORE CITY OR COUNTY OF PRINCE GEORGE COL	
s ofter d	24	10 CI	TY OR TOWN OF DEATH	PRINCE GEORGE E		120 USUAL OCCUPATION  (TYPE C 100 COMMOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
n 24 hour filled in	47	13a. S	ashington, D	2	YES NO NO	130 STREET ADDRESS / ZIP CODE 4207 Benning	Road, N.E.
ted within	00/	0	ctavius Wilso		15 MOTHER'S MAIDEN NAM	(unknown)	LAST
be execu	13		VAS DECEASED EVER IN U.S. ARI (15 NO OR UNKNOWN) (1F YES, GIVI	WAR OR DATES)		ADDRESS Cy-cousin-903 S	Shady Glenn
by Cartestrophysics	ather traumatic event, it		PART I. DEATH WAS CAUSEI	y ane couse per line for (a), (b), and (b) BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	ac arrest	octul h teodin	APPROXIMATE INTERVAL RETWEEN ONSET AND DEALH
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atherthis as as the busis	orked or No	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER:  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDS equital or ECTOR: A d for use	H 27 h m	A	saw the deceased alive an above ([] we) (did Ndid no	al) attended the deceased from 19 3		death occurred an the date and hour	
by the N. ERAL DR.	Stoke Dep		226 SIGNATURE	NAC.	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/27/85
HOS ound b	1 80 /						

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION.
Burial 23c NAME OF CEMETERY OR CREMATORY REMOVAL 236 DATE

CEMETERY OR CREMATORY 23d LOCATION

Litariown

Litariown

Cemetery Suitland, Md.

Benn Road, NE.

-	r death. Page 4 may be	funeral director, page 3 ithin 72 hours after death	& other cely
MORE, MARYLAND 21201	errouted within 24 hours after	completely filled in by the	mulicol examine mistige toffie
, 201 W. PRESTON ST., BALTI	ires that the death confirm is	gned by the attending property of please remaye carl burial, cremation, or regional	ry, ar other troumotic me
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death contributes are retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending the property filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo page. For and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or region.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic eventual marked or them to be process.
	TO HOSPITAL OR ATTENDING PHYSICIAN, The I	should be detoched for up	IMPORTANT: If them 21 is

## STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG	SIENE B	REG. NO	2	9	j	3	3
		OR PRINTS		MIDDLE	Į.A.	51	20. DATE	OF DEATH	HINON	DAY	YEAR	26 HOL	JR
	(,,,,,,	LU	CILE	MacQueen	I	OUFF	OCT	OBER 18	3, 19	985		11:0	5A M
	3 SEX	(	4 RACE		5. DATE OF	F BIRTH	6 AGE (	IN YEARS LAST BIRTH	HDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		Female	Cau		June	2 15, 1908		77	YRS			HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN		OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐	9 BALTIN	AORE CITY OR	COUNT	Y OF DE	ATH		
1	Voi	th Carolin	a U.	S.A.	WIDOWED	4.7	Prin	ce Geor	rge's	s Cou	intv		MD.
	10 CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUA	AL OCCUPATION	N	12b		F BUSIN	ESS OR
	La	anham		ors' Hospit		Pr. Geo. Co.		gal Cl				Gov	r't.
1	USUA	AL RESIDENCE HE NURSING HO			ADMISSION)	13d INSIDE CITY LIMITS?	1124 STREE	T ADDRESS /	719 000				
	0		·G.	Landove		#5 NO		10 Ann			na	20	1784
	I4 FA	THER'S NAME	1000			15 MOTHER'S MAIDEN NA	ME		apo	115			1104
-	Ge	eorge	T.	MacOuee	n	Bertha		MIDDLE		D	vrd	Ť	
1	16a V	VAS DECEASED EVER IN U.S		S? 166 SOCIAL SECU	~~	17 INFORMANT		69916	S An	nan	211	- D	1
1	()	res, no or unknown) (IF YE	S, GIVE WAR OR DATE		-001	Dianne Br		Land	lowe	rapt	111	2 1/6	13
		18 CAUSE OF DEATH Ent				Dranne Br	OWIL	Dallo	love			MATE INTE	RVAL
		PART I. DEATH WAS CA	AUSED BY	CANGE		E HEART	FA	LIURE		-	ETWEEN	ONSET AND	DEATH
		IMME			NCE OF								
	-19	Conditions, it ony, whic		O, OR AS A CONSEQUE	ARY	ARTERY	01	SEASE	=				
3		gave rise to immediat	e	D. OR AS A CONSEQUE	NCE OF		0.0					19.50	
4		underlying couse los		CIRHOS		OF LIV	ER						
		PART 2 OTHER SIGNIFICA	INT CONDITION	IS CONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISE.	ASE OR COND	ITION GI	IVEN IN F	PART 110		
	CERTIFICATION	ACUTE	REN	AL FAL	IURI	5							
	CAT	190 DATE OF OPERATION	19b. CC	ONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AL	JTOPSY?		ES, WERE			
1	TIFE						YES [	] NO [		ES [	LAUSES	NO [	
7.	CER	21a. ACCIDENT WAS UNDERLYIN	110011	AE OF INJURY	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY	r IN ITEM 18	PART I OR	PART 2)		
7	AL	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	OF DEATH	P.M.	19								
	MEDICAL	21d INJURY OCCURRED	21e PLA	ACE OF INJURY		211 LOCATION		CITY OR TOW	(N	co	UNIY		STATE
	Z	AT WORK AT WORK	] [AT HOW	NE STREET FACTORY OFFICE F	ARM ETC	SINEE		CITTONION					JIN 16
		22a.1 certify that (1) (this 1	nospital) attende	d the deceased from_	11-7-11	926 1985	, to	10.	1C	. 19	-	that (I) (	we) lost
		sow the deceased aliv above, (1) (we) (did) (di	e on	0 17 19 5	25 and	d that in (my) (our) apinion	death occu	rred on the dot	te and ho	our and ti	om the	couses st	oted
	12	226. SIGNATURE	R O	A	D	EGREE	5 34			22		SIGNED	
		Y	1 710	12	M	ATTENDING PHYSICIAN X	MEDICA DIRECTO	OR PHYSICI	AN [		10,	180	fs-
		224. PHYSICIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS 567	2 AN	IN APO.	110	R	D	# 9	
١		V.P. S	1016H			BLADENS	BUK	3 MO	_	071	0	1	
		URIAL, CREMATION, REMO	VAL 236. DATE	E 23c N	NAME OF CE	METERY OR CREMATORY		CATION					
	(	Burial	10/	21/85	Ft. I	incoln		rentwo	boo	P. C			Id.
ı	24 FL	INFRAL DIRECTOR				25a DAT	E PEC'D BY	V DECISTOAD 2	56. REGIS			URE	-
	0.0	THE.	indon't us	are namai	m gun	1 HOMET O	7 400	4.51	David	-	MARK	-	

Puneral Director Rendon/Hale Lanham Fun'l Home 9013 Annapolis Rd. Lanham, Md. 20706)

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 308046 REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Edward 10/ 15/10 85 Duncan, III DEATH MATED X 4 RACE 5 DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR. LE LINDER 24 HRS 2c. DATE 3:05 Male Black LAST BIRTHDAY) PRONOUNCED -4-43 42 18/185 P M DEAD 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Wash., D. Prince George's County DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Music (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Singer Oxon Hill 1205 Palmer Road 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George Oxon Hill 205 Palmer Rd. Maryland 15. MOTHER'S MAIDEN NAME Edward Duncan, Jr. Thelma Holmes 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NO DECEASED EVI 166 SOCIAL SECURITY NO ADD \$816 Gwynndale PI Edward Duncan, Jr. Clinton, Md. I (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple Stab Wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 IFICATION NEE. THIS CA...
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LE FORWARDED TO THE LL..
TOR: PAGE 3 SHOULD BE USED...
"TARE DEPARTMENT OF HEAI."
"TARE DEPARTMENT OF HEAI."
"I PRIOR TO BURIAL." 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR HOUR A.M. MONTH DAY YEAR ? P.M. 10/ 15/19 85 CONTRIBUTING CAUSE OF DEATH subject stabbed 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3.8 AFTER DATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE NOT WHILE 205 Palmer Rd., Oxon Hill, Pr. Geo., Md. apartment Autopsy X 220. I certify that I took charge of the remains distribed above. Keld on Inquiry Inspection Hamicide X death resulted from: Accident. Undetermined manner TITLE (SPECIFY) ACTUAL 10/19/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Gregory R. Kauffman, M.D. (TYPE OR PRINT) 136 NAME OF CEMETERY OF CREMATORY Wash. Nat I 230. BURIAL, CREMATION, REMOVAL 236 DATE 10-26-85 Burial Suitland (PG) Maryland 07/84 3619 14th St., N. WDATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE WASh., D.C. 25AA 24 FUNERAL DIRECTOR **DHMH - 17** Plunkett Funeral Home (VR A15 ME (5))

24

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L. L.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 291003 LAST DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 85 10 8:38 au Edgar 15 Eagle Erwin 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 1. SEX 14° 03 Male White 70 TE BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Prince George Virginia U.S.A. WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cheverly Prince George General Hospital Truck Driver Petroleum USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Pr. Geo. 1119 Wentworth Dr. Maryland Oxon Hill YES 20745 NO 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE William Chandler Nannie Eagle Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 20745 HE YES GIVE WAR OR DATES! 6811 Haven Ave. Oxon Hill, Md. 251-10-1405 Sharen Eagle W.W. II Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line fait (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 **ICATION** 91 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d, INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 23.1 certify that (1) (this hospital) oftended the deceased fram. the deceased alive an above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 228 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22 e. ADDRESS John P. D'Angelo, M.D. 3508 Old Silver Hill Rd. Suitland. Md. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL STATE Entombment 10-18-85 Ft. Lincoln Cemetery Brentwood P.G. Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 G.P. Kalas 6160 Oxen Hill Rd. Oxen Hill, Md. 6 - www. Mandelle (VRA 15, 4)

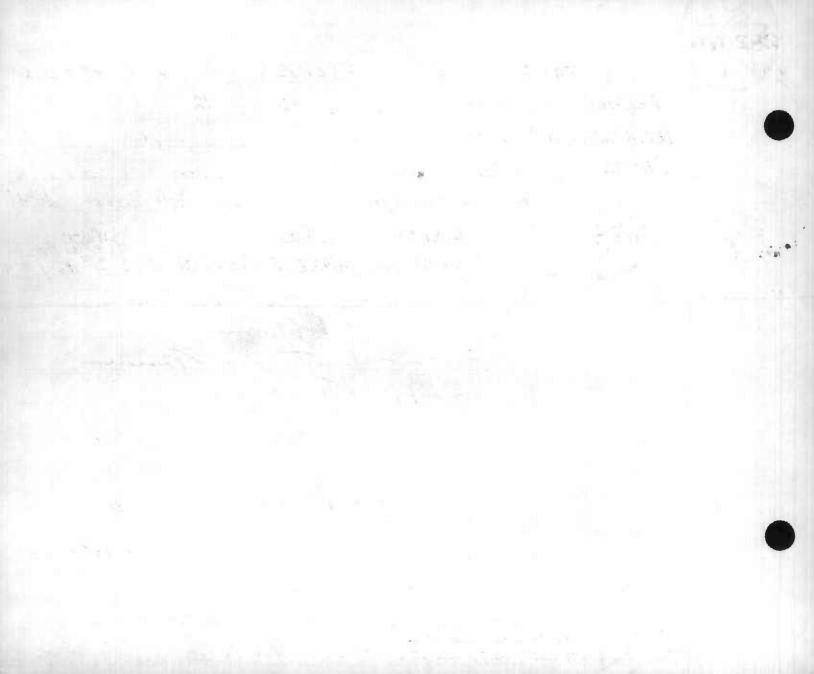
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John P. Planelo, M.D. 1508 Old Silver Hill Rd. Smitland, Ld.

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G.F. Edine 6162 oron Hill Ed. Crom Hill, 16. 1615 - 50 HEL



	FOR
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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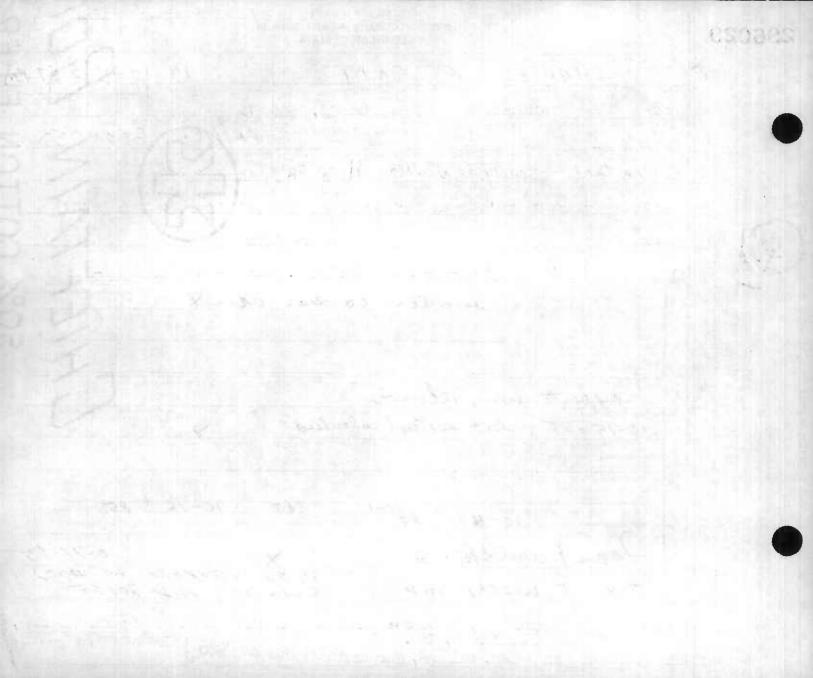
REGISTRAR		CERTIFICATE OF D	EATH	G. NO.	
1. DECEASED NAME FIRST	WIGDLE	LAST	2a. DATE OF DEA		2b. HOUR
ITYPE OR PRINT)	E S.	ELLIOTT	October	11, 1985	11 PM
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS L		
Female	Caucasia	in lone 3, 10	394 91	YRS MONTHS DATE	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER A	ARRIED 9 BALTIMORE C	TY OR COUNTY OF DEATH	
USA	, USA	1.1		nce George	M
CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL, N	URSING HOME OR OTHER INST		JPATION 128 KIND C	OF BUSINESS OF
aurel	V	urel Nursing		4 44	rsing
SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENC	E BEFORE ADMISSION)			Luine
. 100	gomery Asht			tlawn Drive/	20861
FATHER'S NAME		15 MOTHER'S	MAIDEN NAME		
Charles	W S1177	ivan Mar	tha F D		
a. WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMA	2012	Wright DORESS	
(YES NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR DATES) 220-	01-0623 Char	les F. Ellio	tt see 13e	
18 CAUSE OF DEATH (Enter or					IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	DBY:	le huluma.	annat	OCT WEEK	ONSE! AND DEATH
IMMEDIA	TE CAUSE (a)	July 200 many	overy		
	DUE TO, OR AS A CON	SEQUENCE OF			
Canditians, if any, which	(b)_all	nentia, force	umonitis		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
underlying cause last					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 11	a
190 DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATION WAS PERFO	RMED 200 AUTOPSY	20b. IF YES, WERE FINDI	NGS USED
OH.			YES TO NO	IN CERTIFYING CAUSES	
210. ACCIDENT WAS UNGERLYING	7 21b. TIME OF INJURY	71r. HOW IN	VES NO		NO 🗌
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	THE PERSON OF THE PARTY OF CO.	THE PART OF THE PART OF THE PART OF	
(IF EITHER NOTIFY MEDICAL EXAMINER		19	A.I.		
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC ) 21f LOCATIO STREET	CITY	OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK			6 0		
22a.1 certify that (1) this haspi			, 19 /2 to //-	Clary 19	that (1) (we) las
saw the deceased alive an abave, (I) (we) (did) (did no	it view the bady ofter death.	_19, and that in (my)	aur) apinian death accurred an	he date and have and from the	causes stated
22b. SIGNATURE		DEGREE		22c. DATE	SIGNED
Mur	-(M) for	G. COMPTON A	TENDING MEDICAL HYSICIAN DIRECTOR PI	STAFF HYSICIAN 1	1/12/50
224 PHYSICIAN'S NAME CHIRC	DE PROPERTY.	22e ADDRES			(,-())
L. CASAS		1420	1 LAURER PK 1.	N. # 221 Laures	wd 207
			<del></del>		
Burial, CREMATION, REMOVAL Burial	23b. DATE	230 NAME OF CEMETERY OR C	REMATORY 23d LOCATION		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Newnam Funeral Home

Easton, Md.

296029	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	Medical Examiner  SIENE 8 5  REG. NO.	Notified 0
4 may be tree death		CHAK	harles MIDDLE Edward	5. DATE OF BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR  \$ \$5 2:57 M/1  IF UNDER 1 YEAR 16 UNDER 23 HRS  MONTHS DAYS HOURS MIN.
A PE A		ıle	Caucasian	December 13, 190		
6 35 X/F		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
1 11 1/4		ennsylvania	USA	WIDOWED DIVORCED DISTRIBUTION	120 USUAL OCCUPATION	GEORGESMO.
100 moth	C	LINTON	SOUTHERN STREET	Hospital	TYPE OF WORK FOR MOST OF WORKING LI	12% KIND OF BUSINESS OR INDUSTRY
AND 21	130 S Ma	ryland Prince	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW.  George's Upper I	Marlbores \ NO \	13. STREET ADDRESS / ZIP CODE 9104 Live Oak I	
1 //	1	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
1 (20) 16 / 100		ward Endy	wer concess I'm comme	Barbara Si	nouck	
			VE WAR OR DATES)			
1 1	NO	N/2	A 185–10–6  All 185–10–6  All 185–10–6		Fetter - Same As	#13 A-E
L RECORDS, 201 W. PRESTON III  e law requires that the death crit  no. been signed by the attending permit. Then please remove corn ene prior to buriol. cremotion, or the corn was any injury, or other traumatics.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse lot, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION	ensión, dea	ENCE OF	200. AUTOPSY? 20b. IF YE	ZEN IN PART TO  S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO NO
VITAL  N: The protect of the property of the property of the property of the protect of the prot	W.	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirent that this certificate has been signs of the buriol-tronsit permit. There is and Mental Hygiene prior to be orked or Item 18 shows any miurance orked or Item 18 shows any miurance.	MEDICAL	OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	~111	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
ATENDIA spirol or CTOR: Af for use of Healt	1	saw the deceased olive or	ital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, 19 85 , ond that in (my) (our) opinion	death occurred on the date and hou	, that (It (we) fast ir and from the couses stated
TAL OR A by the hosy the hosy the hosy the hosy tote Dept.		John .	Walskins	DEGREE ATTENDING PHYSICIAN	DIRECTOR LITTUICIAN L	276 DATE SIGNED 10-16-85
TO HOSPITA retoined by a TO FUNERAl should be de with the Stoti		JOHN F.	wolski m		G WOODYBRD	20135
5 5 F 2 2 2 1	23o 8	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP	-			orge Washington Mer		
DHMH - 16 60M 7/84		NAME	Funeral Home, In ry Road, Clinton	Maryland 250. DA	T 2 1 1985	PA



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 290044 REG. NO REGISTRAR L DECEASED NAME 20. DATE KNOWN X 2h HOUR Stephen (TYPE OR PRINT) OF ESTI-DEATH MATED S. Erxleben James 10 - 685 1.5EX 4 RACE IF UNDER TYR DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 12:40 a. M Caucasian March 13, 1958 To BIRTHPLACE (STATE O b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Prince George's County, Washington, DC WIDOWED D CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS Clinton Southern Maryland Hospital-DOA Field Technician **PEPCO** Engineer

13e STREET ADDRESS 36 COUNTY T3d. INSIDE CITY LIMITS? Charles Maryland Waldorf 3191 High Timber Court (20601) A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Helmuth M. Erxleben Bertha M. Dver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 14h SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 212-68-4577 No Helmuth M. Erxleben - Same As #13 A-E 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH TAL HYGIENE, I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T ID USED AS A B CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 11:40PM 10-5 1985 driver in auto/auto impact 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, TO MEDICAL EXAMINER: 1712 EXECUTE THE CERTIFICATE, WRITINI PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.5 AFTER DEATH, WITH STATE DEF BATTIMORE, MARYDAND, 21201 PS STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt.5 south of Woodyard Rd., Clinton, Prince road Autopsy XX 17% I certify that Atbak charge of the remains described above, held on Inspection Homicide Undetermined manner TITLE (SPECIFY) 10-6-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial October 9. 1985 Resurrection Cemetery Clinton, Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. elia Davidson (VR AIS ME (5)) 66B3 Old Alexander Ferry Road, Clinton, Maryland

DHMH - 16 60M 7/84

STA	TE	OF:	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

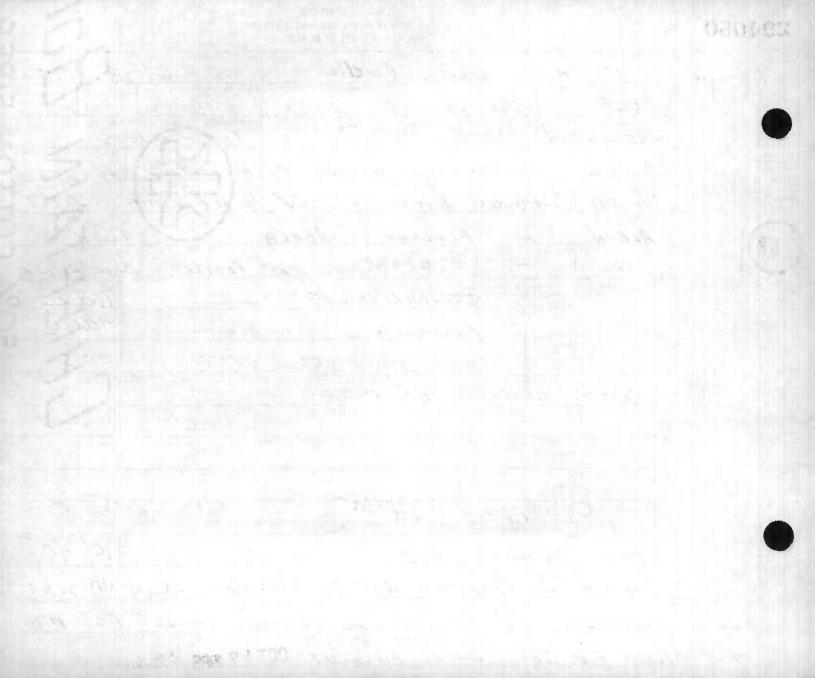
1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		Settle	6	9 3	6.1
3 I. DE	CEASED NAME	FIRST	AA II	DDLE		AST	12	REG a. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP)		ALFONZ		DUCE		ANKS		B. DATE OF DEATE		01-85	4 25PM
3 SE	Х	4	RACE		5. DATE C			AGE IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male		Black		MONTH					MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR F	0051001 7	'b CITIZEN OF W	HAT COUNTRY		cember 6,19	926	58 BALTIMORE CIT	YRS		
1	COUNTRY)	OKE ION	CITIZEIN OF W	TIAT COURTE	MARRIE	D XXIEVER MARRIE	D 🔲		_		
	-North Caro		United		WIDOWE			PRINCE			MD
	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION		TYPE OF WORK FOR MO			F BUSINESS OR
1	CHEVERLY		PRINCE	GEORGE	S GEN	ERAL HOSPI	TAL	Retired		Pr	lvate
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	Conditions, if any,		(b)	Thremb	0(4/2	penia				1 4	reeve
	gove rise to imm cause (a), stotin		DUE TO OR	AS A CONSEQU	JENCE OF	Α .	0.	2100			
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	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS COM	NTRIBUTING TO		NOT RELATED TO THE			NOITION	GIVEN IN PART 10	a
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유									IN CER	RTIFYING CAUSES	OF DEATH?
4 2	21a. ACCIDENT WAS UND	EDIVING T	21b. TIME OF	INTITUDY		Tale HOW INTUING	CCUPPER	YES NO		YES	NO 🗌
	OR CONTRIBUTING			. MONTH D	AY YEAR	21c. HOW INJURY O	JCCURREL	2 (ENTER NATURE OF	NJURY IN ITEM	18 PART   OR PART 2)	
S	(IF EITHER NOTIFY MEDIC		P.M		19						
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE O	F INJURY	Capa SIC	211 LOCATION STREET	100	CITY O	RTOWN	COUNTY	STATE
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				1.1	851	nd that in (my) (aur) or	pinion dec	oth accurred on th	e dote and h		, , ,
	sow the decease obave, (I) (ve) 1 22h SIGNATURE	dill hot	view the body of	fter deoth.							
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		Y	aun	V	,	PHYSIC	IAN 1	DIRECTOR   PHY	SICIAN	10	1905
/	22d PHYSICIAN'S NE	ME TYPE OR	PRINT)			22e ADDRESS		01		100	70.05
	1/0	LLA	K			4700	AUT	TH Pla	12. C	MUNI JA	RINA
23n	BURIAL, CREMATION,	REMOVAL	123b. DATE	73,	NAME OF C	EMETERY OR CREMAT	TORY	123d. LOCATION	+		
	(SPECIFY)						TOK!	CITY OR TOWN		COUNTY	STATE
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	uneral director razier's Fu	mara 1	Uoma	ADDRESS				REC'D. BY REGISTE		Davidor-V	andell.
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JUL.			EASED NAME	FIRST		AIDDLE		LAST		20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HOUR
8	poge 3	1	ON PRINTS	Robe:	rta	A.	Fa	deley				10	16	85	8:30 Am
lon (o	00 / da	3. SEX			4. RACE		5. DATE	OF BIRTH	VEAD	6 AGE (IN	YEARS LAST BIF	PTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
- 5	of the	F	emale		Cauc.		4	1	O1	84		YRS			MIN.
8	32 26	C	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER	MARRIED -	9 BALTIM	ORE CITY O	OR COUN	TY OF DE	ATH	
Per di		Ma	ryland		USA		WIDOW	ED 🚺 D	NORCED [		ce Ge				MD.
o offer	1100	0x	on Hill		5817	AFACILITY, GIVE S	y Dr.		TITUTION	(TYPE OF WO	OCCUPAT RK FOR MOST ( LBEWIF	DE WORKING	LIFE) IN	custry at he	F BUSINESS OR
4ND 213	filled in	Ma	L RESIDENCE (IF N TATE <b>ryland</b>		Corpe George	13c. CITY OR Oxon		YES 🔀	NO 🗌		ADDRESS 7 Gal	lowa	y Dr.	. 20	745
The second	11/60		THER'S NAME FIRST <b>Leona</b>	rd	WIDDLE	Lan		1	S MAIDEN NA	ME	WIDDLE			Alis	son
MOR	Pages /	(4)	AS DECEASED EVES. NO OR UNKNOWN)		MED FORCES?	579-72	-1779	17. INFORMA	Dalton	same	as it				
A P	t, the		18. CAUSE OF DE	ATH (Enter or	nly one cause per	lind to in the	anger a d	Tinha la	. 4. 01.	nann	- 4			APPROXI	MATE INTERVAL
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equires	Then plant to burn the plant t	NO	PART 2. OTHER S	IGNIFICANT (	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BU	T NOT RELATED	D TO THE TER/	AINAL DISEA	SE OR CON	IDITION C	SIVEN IN	PART 1re	
DIVISION OF VITAL RECORDS, 20 DIVE PHTSICIAN. The low requires afterding physician.		CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	TION FOR WI	HICH OPERATION	ON WAS PERFO	DRMED	20a AUT	OPSY?	IN CER	TIFYING YES	E FINDIN CAUSES	OF DEATH?
NE X	100 700	1 m	21a. ACCIDENT WAS		4		DAY YEAR		NJURY OCCUR	RED (ENTERN	ATURE OF INJU	JRY IN ITEM I	8 RART 1 OF	PART 2)	
0 NO	Va	S S	OR CONTRIBUTING		AIH	M	19					34.		0.00	
IVISION IG PHTS attendia	the the burner of the burner o	MEDICAL	21d. INJURY OCC	URRED		OF INJURY REET, FACTORY OF	FICE, FARM, ETC.)	211 LOCATI			CITY OR TO	NWC	cc	YINUC	STATE
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A High	Sept 2		saw the dece abave, (I) (w	eased align on e) (did / did no	of Jack the body	ofter death.	9 4	ind that in (my	) (aur) apiniah	death accurr	ed on the d	late and h	our and I	ram the	causes stated
1 4 5 E	or Difference Dispersion of the Dispersion of th		22b. SIGNATURE	1.	K		1	1.0	ATTENDING PHYSICIAN	EDICAL	STA		2	DATE	SIGNED
d by	24437	1 1	226. PHYSICIAN'S	NAME (TYPE C	OR PRINT)			22e ADDRE							
O HO	Disold Websited		Stephen						Oxon H			n Hi	11, 1	Md.	20745
		# 22a DI	URIAL, CREMATIC	N PEMOVAL	23h DATE		230 NAME OF	EMETERY OR	CREMATORY	23d, LOC	ATION				
BP.			urial	or, REMOVAL	10/18		Wash. N			CII	Suitl	and	P.	3. ◆ 4Î.k	Md.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

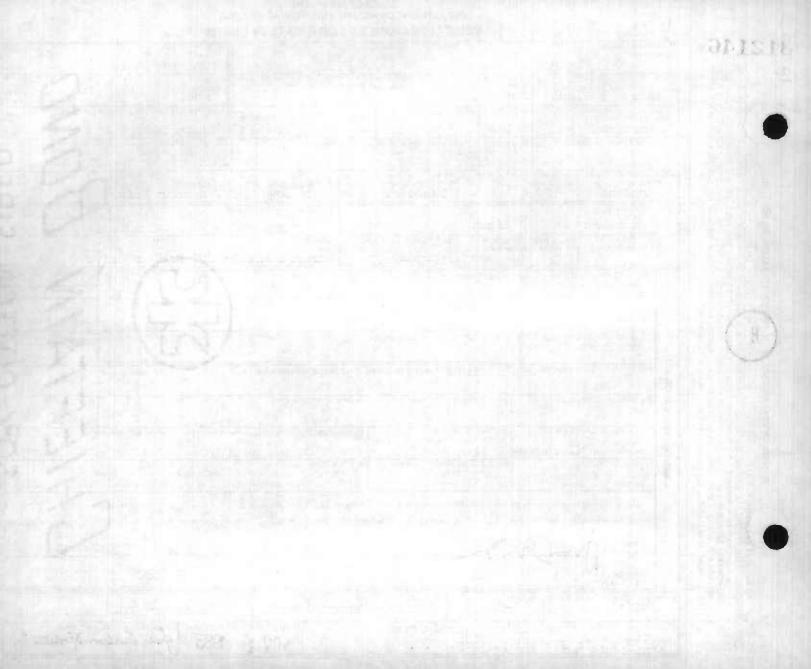
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1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
/1		CEASED NAME	FIRST	MI	DDIE	ı	AST	20. DATE OF C	DEATH MONTH	DAY YEAR	2b. HOUR
	LIABE	OR PRINT)	Mabel	Vollmer	. 1	Fiorav	anti	Oc	tober 11,	1985	12:40p M
1	3 SEX	X		4 RACE	The same	5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	
1	F	emale		Caucasi	an	Apri		85	YRS.	MONTHS DAYS	HOURS MIN.
	7a BI	RTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF W		2 8	D NEVER MARRIED		E CITY OR COUNT	Y OF DEATH	
1		ingland		U.S.A.		WIDOWE		Prince	George's		MD.
g,		ITY OR TOWN C	OF DEATH	11. NAME OF HO		NG HOME C	PROTHER INSTITUTION	120 USUAL O	CCUPATION	12b. KIND	OF BUSINESS OR
	Ri	iverdale	9		Memoria		pital	Housew:	OR MOST OF WORKING L		Home
-	USU/	AL RESIDENCE I	IF NURSING HOME O	ROTHER INSTITUTION G	IVE RESIDENCE BEFOR		131 INCIDE CITY I INCIDE				Home
		arvland		ce George			13d INSIDE CITY LIMITS?		odress/zipcod Baltimore		20782
4		THER'S NAME	11 1111		100	SVIII	15 MOTHER'S MAIDEN NA				
1	A	rthur		MIDDLE	Vollmer		Edith		MIDDLE	Felth	AST
1	16a V	VAS DECEASED	EVER IN U.S. A		66 SOCIAL SEC			ghter,	ADDRESS Sai		ine #13
1		YES NO OR UNKNOV	WN) (# YES GI	VE WAR OR DATES)	577-34-	-0522	Yolanda Glor			me do i	,1110 #13
1		IR CAUSE OF	DEATH (Enter o	nly one cause per li			1		,	APPRO	XIMATE INTERVAL NONSET AND DEATH
1		PART I. DE	ATH WAS CAUSI	D BY:	1	atorn	Failure			BEIWEE	ONSE! AND CEATH
П		FI 12	IMMEDIA	TE CAUSE (a)	- TC U	(	/				
-		Conditions, if	f ony, which	DUE TO, OR	AS A CONSEOL	20 Tive	Hout Forly	112			
1		gove rise to	o immediate	(6)	8	1	ne li				
1			couse last	DUE TO, OR	AS A CONSEOL	DUALY L	letery Dise	ere			
1		PART 2 OTHE	RSIGNIFICANT	CONDITIONS CON	ITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GI	VEN IN PART 1	(a
	NO	C		esular	Disea						
Д	CERTIFICATION	19a DATE OF C				_	N WAS PERFORMED	200 AUTOP		S, WERE FIND	
	TIFE			~				YES	2-6	FYING CAUSE	S OF DEATH?
1	CER		AS UNDERLYING		INJURY MONTH D	DAY VEAD	216 HOW INJURY OCCUR	RED (ENTER NATU	IRE OF INJURY IN ITEM 18	PART I OR PART 2)	4-74-14
/1	AL		G CAUSE OF DE	AICI		19					
	MEDICAL	21d. INJURY O		21e. PLACE OF	FINJURY	100	211 LOCATION		CITY OR TOWN	COUNTY	STATE
1	×	WHILE AT WORK	AT WORK	AT HOME, STREE	T. FACTORY, OFFICE,	FARM, ETC )	1 10		1	4	SIAIC
١	4	22a.1 certify th	hat (1) (this hosp	train attended the	deceased from.	10	2 35, 19	, ta	10/11	19 6 7	, that (1) ( <del>we)</del> last
1		saw the d	eceased alive a	at view the bady at	ter death	\$5,00	d that in (my) (gur opinion	death occurred	an the date and ha	ur and from the	e couses stated
		226 SIGNATUR		21	ner deam		DEGREE			22c. DAT	E SIGNED
II I		Sulph B	169	Wen		W	ATTENDING X	MEDICAL DIRECTOR	STAFF PHYSICIAN	10-	11-85
		22d. PHYCICIAN	Y'S NAME (TYPE	OR PRINT)			22e ADDRESS		1 10	1000	18 P. P. 19
		.H. Els	on, M.D				6525 Belcres	st Road,	Hyattsv	ille, M	id.
1			TION, REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION		
	4	SPECIFY Bu	rial	10-14-8	5 Ft	. Line	coln Cemetery	0	twood, P.	G. Mar	state vland
	24 F			Sons Fun				E REC'D. BY REC	GISTRAR 256 REGIS		
				Avenue. H			1 11	1178	985	randson-	Mandalle

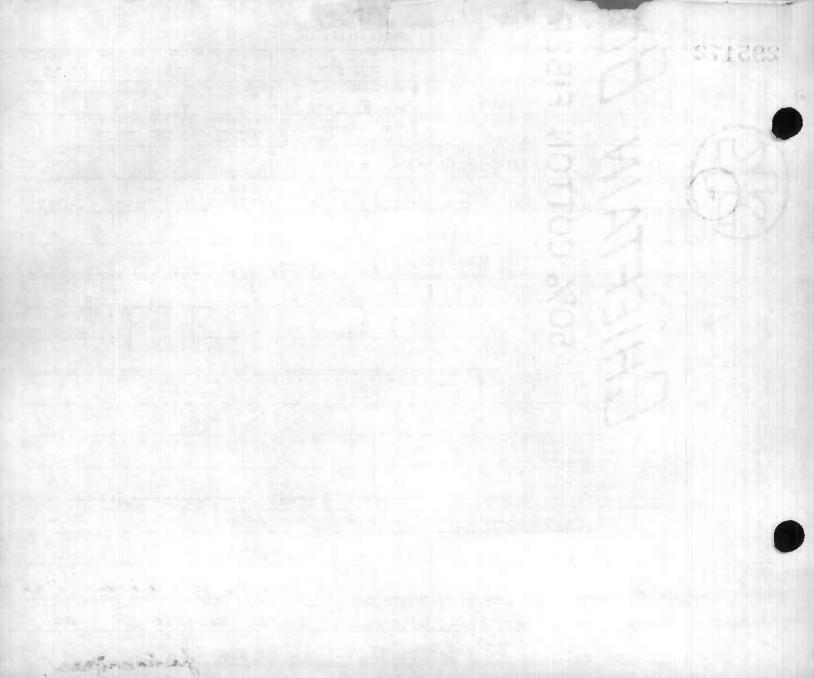
4739 Baltimore Avenue, Hyattsville, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 312146 DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-2719 85 JEROME DEATH MATED 10 KEITH FITCH 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX 2c DATE 24 HOUR LAST BIRTHDAY) 4:47 AM PRONOUNCED Male Black Aug 18,1965 27 19 85 20 DEAD 10 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland Prince George's County USA IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Doctor's Hospital Lanham cook Big Boy USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland PG Landover 3207 Amador Drive YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDUS Herbert Fitch JoAnn Chappel1 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS IYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 6/27/83-5/8/85 217-90-8677 Herbert Fitch; 3207 Amador Drive CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E HEALTH / CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERTIFICATE SHOT ICATE, WRITING THE WORE FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND 21401 PRIOR TO BUR YES X NO 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING X OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3:51xx 10-27-19 85 Operator of motorcycle/fixed object impact. 21e PLACE OF INJURY (AT HOME. 21 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 9500 blk. Annapolis Rd. Lanham, Prince George's road TO MEDICAL EXECUTE THE CERTIFICATE, V EXECUTE THE CERTIFICATE, V TO FUNERAL DIRECTOR: PY AFTER DEATH, WITHERE ST. BALTIN OFE, MARYTAND (2) MD 27s I certify that I taok charge of the remains described above, held on Inquiry and in my opinion Accident X Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-27-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRES 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 10-31-85 Landover Harmony Memorial Park 07/B4 25M 24 FUNERAL DIRECTOR Marshall's Funeral Home 250. DATE REC'D. BY REGISTRAR **DHMH** - 17 4217 9th St NW: Washington, D.C. (VR A15 ME (5))



	1-	REGISTRAR		DSPA		ICATE OF DEATH	SIENE 8 5	. NO.	2 4	5 4
2	I. DEC	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATE	H MONTH	DAY YEAR	26 HOUR
1	1	JOH	N	E	F	LAHERTY	CINIUMS.	10 1	10 85	11.15
I	3 SEX		4_RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
1	M	ale	White	е	Dec		E 100 (5) (6)	78 YRS	MOINING DATS	HOOKS
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
1		shington DC	USA		WIDOWE	DIVORCED	PRINCE G	EORGES	COUNTY	
2		LINTON MD		H FACILITY, GIVE ST	REET ADDRESS)	OSPITAL	120 USUAL OCCUP ITYPE OF WORK FOR MC	OST OF WORKING LI		
	13a. S		e or other institution DUNTY	13c. CITY OR T			13e STREET ADDRE	SS / ZIP COD	E	2074
	14 F.A	THER'S NAME FIRST John	MIDDLE <b>F</b>	Flah	erty	15 MOTHER'S MAIDENNA FIRST Blanche	MIDDL		Raum	
		VAS DECEASED EVER IN U.S. (18 YES. NO	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL S		John C Fla	aherty	5 <sup>R</sup> 1 <sup>SS</sup> Wic Trento	ckom A	w Jer
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per JSED BY	Matristo	and ic PRO.	state Gurar		*		ONSET AND DEA
	NO	gove rise to immediate cause 101, stating the underlying cause last	(c)	R AS A CONSE		NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GI	VEN IN PART 1	10
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	INGS USED S OF DEATH? NO [7]
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET FACTORY OFF	ICE FARM ETC }	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
		220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE)	on Oct 1	0	9 <u>55</u> . on	d that in (my) (our) opinion	death occurred on th		ur and from the	
,		22d. PHYSICIAN'S NAME (TY	Y Coly		m	ATTENDING	MEDICAL STATE OF THE	STAFF YSICIAN [	10	11/55
4	12. 0	HARVEY KAT		40	12 MANUS -5 -	8726 Was	YORO K	d (	1 N/C M	100
	(	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION		PG	Mď
1		Burial INERAL DIRECTOR	140ct	TA82	Cedar	Hill Cemet	E REC'D. BY REGISTR	tland		
14	116	NAME ROBERT E	Wilhel	M ADDRE	tland		6 1005	2 -	AIL O SIGNA	, one
		Funeral	TOILE	Su.	LUIGIIU	, ,,,,,	0 (20)	- Charles	-	



DHMH - 16 60M 7/84

(VRA 15, 4)

Francis Gasch's Sons, P.A.

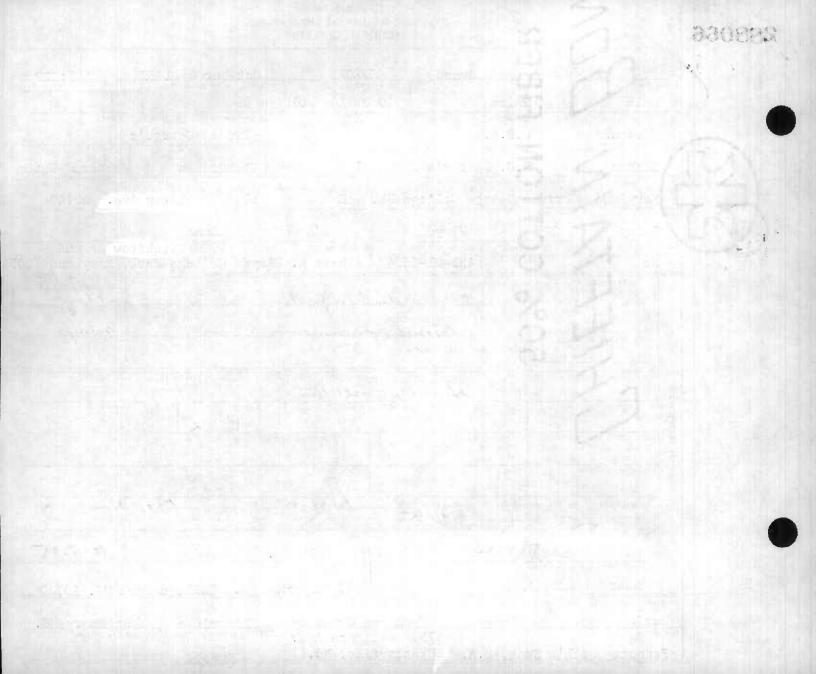
FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

7		OR PRINT	FIRST	N	NIDDLE	L/	AST		2a DATE	OF DEATH	MONIH E	DAY YEAR	26 HOUR	
8	1,	OA PRINTY	John	- I	Edward	F	LOYD		Octo	ber 4.	1985		9:22P	М
	2, 583			4 RACE		5. DATE O				IN YEARS LAST BIR	THDAY]	IF UNDER 1 YEAR		
		Male	\$0.0	White		10	14	ŎÎ.	83		YRS	MONTHS DATS	HOURS ME	N.
1	10 30	THPLACE (STATE OR	FORLIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	X		9 BALTIA	AORE CITY C		OF DEATH		
1		Missouri		U.S.A.		MARRIED	D DI	VORCED		ince Ge				MD.
3	1	ty or town of de Lanham	ATH	(IF NOT IN SUCH	OSPITAL, NURSING STREET OCTOR'S	ADDRESS)		NOITUTION	TYPE OF W	ALOCCUPATION FOR FOR MOST CONTROL OF THE CONTROL OF	F WORKING LIFE			
5	Tla S	AL RESIDENCE (IF NUR STATE Maryland	136 COUN	TY	GIVE RESIDENCE BEFOR  13. CITY OR TOW  Be Colle	VN	13d INSIDE C	ITY LIMITS?	13e STREE 9728	ADDRESS Wichi	ZIP CODE	enue	20740	
18	II FA	ATHER'S NAME		AIDDLE			15. MOTHER'S	MAIDENNA	WE					
2	1	Leroy	NM		Floyd		I	da		Emma		LA	ST	
	11	VAS DECEASED EVER		MED FORCES?	453-01-		Albert	a L. F1	Loyd	9728° V Colleg	lichita ge Par	a Av	enue yland	20
	THE PARTY	Conditions, if ony	VAS CAUSEI IMMEDIATI	E CAUSE (a)	Myeco AS A CONSEOU	es dia	e mij	noma				BETWEEN A	ang	H
	NON	cause (a), stati underlying couss PART 2 OTHER SIG	ng the	( (c)	NTRIBUTING TO	DE ATH BUT			NNAL DISE	ase or con	DITION GIV	EN IN PART 1	o	
2	TIFICAT	19a DATE OF OPERA	MOIT	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AL	TOPSY?	IN CERTIF	, WERE FINDI YING CAUSES		Ä
9	CAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEA	121b. TIME OF HOUR A.A	M. MONTH D	AY YEAR	21¢ HOW IN	JURY OCCURE	RED (ENTER	NATURE OF INJU	RY IN ITEM 18 P	ART ( OR PART 2)		
9	MEDIC	21d INJURY OCCUR	ние 🗆	21e PLACE C	OF INJURY EET, FACTORY, OFFICE I	FARM, ETC }	211 LOCATION STREET	DN		CITY OR TO	WN	COUNTY	STATE	
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Hyattsville, Md.



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Francis Gasch's Sons Funeral Home, P.A. (VRA 15, 4) 4739 Baltimore Avenue Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/B4

DIVISION OF

(VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

Oct. 4 1985

6000 Annapolis Road 20715-3043 Bowie. MD

23c NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

Ft. Myer,

23d LOCATION

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 305103 REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH LTYPE OR PRINTS OF ESTI-Geraldine /25 Mae Gatton 10 85 4 RACE IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 10/25 19 85 White Oct. 18, 1937 Female 48 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KI NEVER MARRIED OREIGN COUNTRYS Prince George's Ohio USA WIDOWED DIVORCED County IL CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bowie 13209 01d Chapel Printing Assistant Road Navy Dept. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13209 Old Chapel Maryland Prince George's Bowie YES X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Bertha Forte 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 579-50-0152 Harold L. Gatton same as 13e no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple sclerosis. Years IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION None USED AS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? None RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT O 2, 21201 PRIOR TO BUR YES [] NOV 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 2 In PLACE OF INJURY LATHOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 10/25/85 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE 29 1985 Ft. Lincoln Cemetery Buria ery Brentwood, Maryland
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 07/B4 25M 24 FUNERAL DIRECTO 16000 Annapolis Road **DHMH - 17** (VR A15 ME (5)) Beall Funeral Home Bowie, Maryland unic will about

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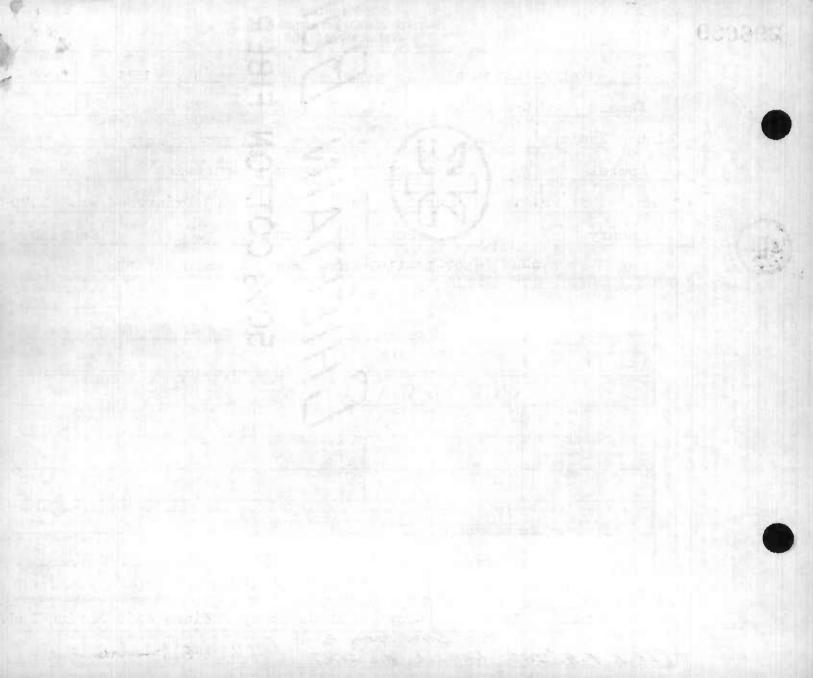
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH~ REGISTRAR REG NO 310014 DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-WILLIAM **GELFAND** DEATH MATED 19 0 4 RACE 6 AGE (IN YEARS 3 SEX DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 7d. HOUR LAST BIRTHDAY PRONOUNCED Male White April 7,1907 78 DEAD October 21 19 85 3:34 FOR YO To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's USA WIDOWED & Tennessee DIVORCED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Lanham Driver Doctors' Hospital of Pr. Geo. Co. Transporta ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) tion 13d INSIDE CITY LIMITS? 13e STREET ADDRESS COUNTY 13c. CITY OR TOWN Sea Brook Maryland Pr Geo 9761 Good Luck Road 20706 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Bella unobtainable Kramer 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO ADDRESS 508 Braun Avenue Peacetime Yes not known Sarah Budin Highland Park 18 CAUSE OF DEATH (Enter only one cause per light for jail, 1b), and (c). BETWEEN ONSET AND DEATH Huspelwote Carles ansulas PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE ( DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? IMENT OF 1 YES [] ARITINA ARDED TO IN... AGE 3 SHOULD B. ATE DEPARTMEN 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21¢ HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinian death resulted from Natural counts Accident Hamicide Undetermined manner DATE 10-22-85 TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRES 5009 Rayburn Ct , Temple Hills, Md Augusto P Rodríguez, M.D. PAGE TO FU 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Md Cedar Hill Cemeter Suitland 240ct1985

07/B4 **DHMH - 17** (VR A15 ME (5))

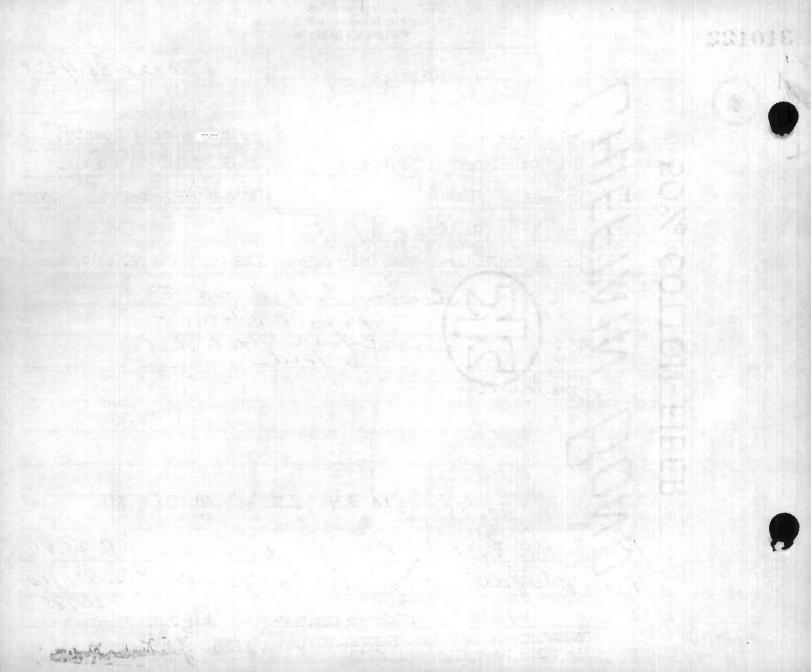
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Burial

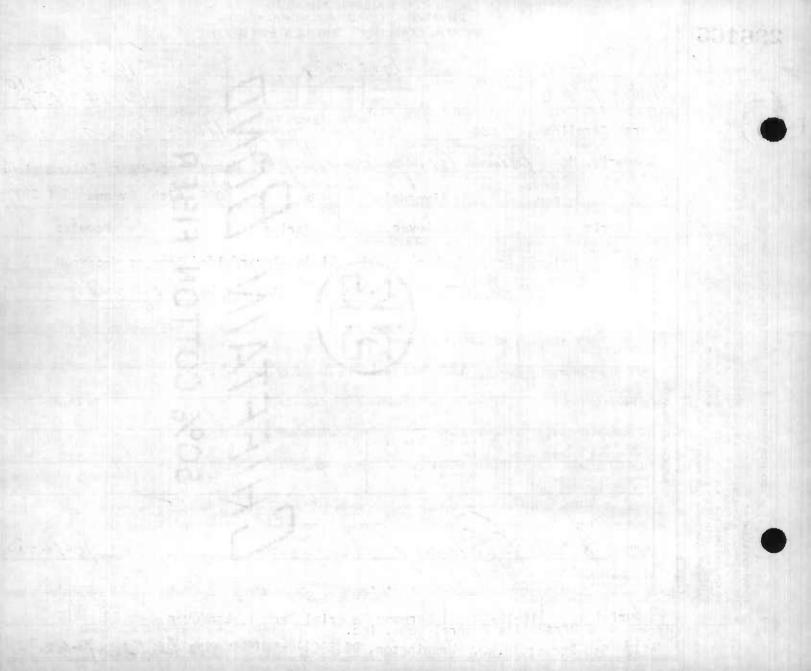
Funeral Home Suitland, Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 310122 CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH 26 HOUR TYPE OR PRINT Walter 4 RACE 3 SEX & AGE (IN YEARS LAST BIRTHDAY) May 6, 1937 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED U.S.A. Prince George County, New York 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Laurel-Beltsville Hospital N.O.A.A. Laurel 134 INSIDE CITY LIMITS? 9200-H Bridle Path Lane (20707) Maryland Howard 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Singer Mollie Gelbert Maier 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Korean Confl.052-28-6108 Mary Gilbert; 3565 Ft. Meade Rd., #317; Laurel, Md Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate stating the underlying cause last ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Landover Rd. Cherel 230 BURIAL, CREMATION, REMOVAL Burial 10/28/85 Mt. Lebanon Mem. Park Adelphi: 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG . MEM. CHAPELS, INC. DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



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7	CESSARY JERAL DII OR YOU IITHIN 72 PRESTON	70 B	IRTHPLACE (STATE OF	R 71	. CITIZEN OF WH			R			- 9-BALTI	MORE CITY	OR COUNTY	OF DEATH	170 M
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	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: , WITH THE		220 I certify tha	it I took charge o	of the remains desc	ribed abav	re, held an	Autops	у Ц.	Inspection e	J. Inquir	у 🗀, 👊	and in my opinio	on	
	MER DES		death resulted fro	m Naturol	causes ,	Accident	, Suic	ide .	Homici	de 🔲 . U	ndetermined r	nonner			
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3.	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL AFTER DEATH, BALTUMORE, M	730 B	URIAL, CREMATION				AME OF CEM						p.20 11.		
	a o mail	130 D	SPECIFY)	, KE/NOVAL 738.	DAIL						LOCATION CITY OF TOWN		COUNTY		ATE
07/84 25M	BP	24.5	Burial		7-18-85	Ha	rmony	Memo			Lando		PG	MD	
A.	DHMH 17 -	24 F	UNERAL DIRECTOR	narsna	ADDRESS		lome,					AR 1756. REC	GISTRAR'S SIGI	NATURE	
2	(VR A15 ME (5))		4217 9th	Street	. N.W	Wash	ington	, DC	2001	APT (9)	MANAGER	M deskin.	Said dress	Pondelli.	9 3
No 10 55 h	200 200 0000											-	The Party of the P	The state of the s	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR LIVPE OR PRINTS October 13, 1985 ELIGIO WILLIAM GUNN 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 1917 MALE 68 TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WASHINGTON D.C. U.S.A. Prince George's County DIVORCED T WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) DOCTORS' HOSPITAL of P.G.Co. LANHAM CEMENT MASON PRTVATE ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND P.G. BOWIE 4915 LOTTSFORD VISTA RD 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Mack Gunn ALBERKA BENDER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR NO NOWN) (IF YES GIVE WAR POATES) JAMES GUNN 6811 SHEPHERD ST HYATTSVILLE 21.7/09/0402 18 CAUSE OF DEATH Enter only one couse p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

CERTIFICATION 190 DATE OF OPERATION

21h. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

NOF

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2

COUNTY

NO [

220.1 certify that (1) (this haspital) attended the deceased from

210. ACCIDENT WAS UNDERLYING

WHILE NOT WHILE

MATUR

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

THE DATE SIGNED

ZZE PHYSICIAN'S NAME (1995 GETENT)

BURIAL

230 BURIAL, CREMATION, REMOVAL 23b. DATE

10/18/85

23c NAME OF CEMETERY OR CREMATORY HARMONY MEMORIAL

72s ADDRESS

23d LOCATION CITY OR LOWN LANDOVER

COUNTY PG

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

STATE MD

24 FUNERAL DIRECTOR

ld b DRT

DHMH - 16 60M 7/84 (VRA 15, 4)

J.B. JENKINS F.H 7474 LANDOVER RD LANDOVER

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE wha Davidson Bandson

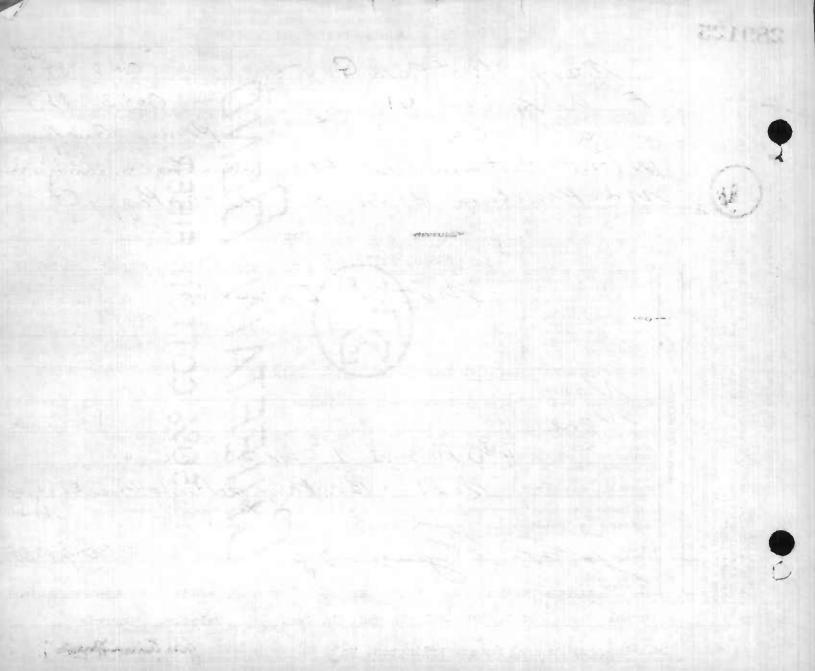
	1 F	11m 609 item 5			STAT	E OF MARYLAND			1000	
07.20		FOR 11/6/85 rja STATE REGISTRAR	400		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	0	REG. NO.	2 9 5	60
05038		CEASED NAME FIRST		AND T	GUR	AST	20 DATE OF		DAY YEAR	2b HOUR
deo deo	3 SE		14 RACE	(N.M.I.)	5 DATE (		A AGE INIVE	RS LAST BIRTHDAY	26 85	8PM
ge 4 m ector. j		Female	Whi	te		6, 1912	73	YR:	MONTHS DATE	
nerol dir	7a Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF	· A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED		CE GEORG		NTY M
by the fu	10 C	CHEVERLY	(IF NOT IN SU	CH FACILITY, GIVE STREET	T ADDRESS)	DROTHER INSTITUTION	12a USUAL OF TYPE OF WORK F House	CCUPATION OR MOST OF WORKIN Wife	G LIFE) 126 KIND INDUSTR' Own	of Business of Home
r filled in havid be	13a, S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION	134. CITY OR TO Landove	WN	134 INSIDE CITY LIMITS?		odress / ZIP CO arner Av	re. Apt.	#B7 207
ompletely ond 2 s		George	MIDDLE	Heime		15. MOTHER'S MAIDEN NA Carrie	WE	WIDDIE	Sch	o 11
nd ce	160 \	VAS DECEASED EVER IN U.S. A. YES OR UNKNOWN) (IF YES G	RMED FORCES?	130-16-		Mr. John G.	Gurr, S	address r. Same	as 13e	
in.  no.  hos been signed by the off permit. Then please remove nine prior to buriol, cremotions, or on the ritraution of the prior to burior, or ather trautions.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse lost  PART 2 OTHE SIGNIFICANY  19a DATE OF OPERATION	CONDITIONS C	wor	DEATH BUT	NOT REATER TO THE TERM	ANNAL DISTASE COMMANDE 200 AUTOR	SY? 20b IE	GIVEN IN PART Y	DINGS USED
uG PHYSICIAN: The ottending physicion free this certificate has the burial-transit for hand Mental Hygier hand mental Hygier orked or trem 18 %	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETTHER NOTIFY MEDICAL EXAMINE OF THE CONTRIBUTION OF THE CAUSE	(R) P.		DAY YEAR 19	216 HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTERNALL	DRE OF INJURY IN ITEM	YES	NO [
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TO HOSPITAL ( retoined by the TO FUNERAL ( should be deto with the Store [ IMPORTANT: H		22d PHYSICIAN'S NAME (1996) Lewis H. Denr			Mort 7	PHYSICIAN [ 27e ADDRESS 831 Universi	ty Blvd	PHYSICIAN .  E. Sil	ver Spr	ing, Md.
BP	23a E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10/30			emetery or crematory ncoln Cemeter	23d LOCAT	TOWN TOWN	P.G. 1	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		rance Sasch's 739 Baltimore	Sons Fu	neral Ho	me, P.	A. 25a. DAT	3 0 198	GISTRAR LA REC	AR'S SIGN	UR GRAND

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	W 10 10X		CEASED NAME PE OR PRINT)						.E			LAST		100	20 DATE OF	ESTI-		HTMOM	DAY	YEAR	26 HOUR
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BALTIMORE, MD.	S AFTER GIVE PA TH FOR PAGES VISICIN	(Y	Yes	WN)	(IF YES, GIVE V	WAR OR D	ATES)	2	266-1	2-737			Guyt	on 1	5400P		RESS Cour	t Bo	wie	, Md	
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۵	WARD WARD WARD WARD WARD WARD	2	WHILE AT WORK	AT W	ORK	*		oad	, ετε.,				south	of R				COUR		3., N	1D.
	EXAMINER: CERTIFICATE OULD BE FORV I DIRECTOR: I, WITHTHES MARYJAND,	15	22a   certif		taok charge	e of the	TVF	W 4.	obove, he	old on Suice	Autaps	y X.	Inspection		Inquiry ermined m		and in	ту ары	nian		
	EXAM CERTIL JID B DIREC WITH		ACTUAL				7	T				TITLE (S	PECIFY)		ermined m	unner [	_,				
	SHOW SHOW	1	SIGNATURE_				7	N			M.	Assi	stant	MED	ICAL EXAM	MINER		DATE		10/4	85
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH-LABE BALTIMORE, MARYLAND		EXAMINER'S IN	NAME	Grego	ory	R. Ka	uffn	man,	M.D.		DDRESS_	111	Penn	St.	Ba.	lto.	MD.		3/1	
		23a.B	URIAL, CREMAT	ION, R	EMOVAL 23	DATE	-8-85	23	JC NAME	OF CEME	TERY OF	CREMATO	Ceme	23d LO	CATION	ska	Ch	COUNT	Y	Ceall	Mis.
07/84 25M	BP	24 FI	JNERAL DIREC	ria TOR		10.	0-07		Hale	Ska I	16 011		25a. DATE R					ELOK RAR'S SK			gra
	DHMH - 17 (VR A15 ME (5))	Ma	rzullo	Fui	neral	Ser	vice	Rei	ster	stown	n,Md		00		1985	3 40	diad	aures.	of and	Andes	

Attended to a story of the contract of the con

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~0		T DEC	EASED NAME FIRST		WIDDLE	/ -	LAST	2e. DATE	REG. NO.	ITH DAY YEAR	2444
1.1	ASE OR. URS EET,		May	y h	10 FF 0	vd G	ruxtor		MATED DO	× 3 1980	PM
10	NECESSARY, PLEASE UNFRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,	3 SEX	4 RACE	S. DATE OF BIRTH	10. 16	(IN YEARS IF UN	THE PARTY OF THE PER	MIN PRONOU DEAL	NCED A	DAY YEAR	447
10	SARY AL DI YOU STON	7a BIF	THPLACE (STATE OR	7 LITIZEN OF WE	HAT COUNTRY?	YRS.		9 BALTIA	AORE CITY OR COL	UNTY OF DEATH	M
	NEGES CUNER CONFERENCE STORY	FOF	Georgia	US	A	WIDOW		- 41	rinie	Guo 19.	ar P MD
T	PER	III. CIT	Y OR TOWN OF DEATH	II. NAME OF HOS	PITAL NURSING H	HOME, OR OTH	ER INSTITUTION	FOR HOLL OF MO	PATION INVOLVE	OR INDICATES	INESS
	1	LIBER	Beltsville	Baltin	nevo (1	Jush.	Pkuy	Voucher:	Exam.OH	Prosting	541
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AORS	10) 9×400	160 W	len AS DECEASED EVER IN U.S. AF		166 SOCIAL SEC	URITY NO.	Mary.		ADDRESS	t	
ALTIA	JRS AFTER S. GIVE P. WITH FO I. PAGES DIVISION		S, NO, OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	256 05	9327	John Guyta	on (son) 1	5400 Pegg	Ct. Bowie	, MD
T		10	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line	far (g), (b), and (c)	) /				APPROXIMATE I	INTERVAL
PRESTON ST	24 HOU TIEM 19 ONG PERMI SIENE, VAL.	7		ATE CAUSE (o)	nutt	1010	Ln	invia	<i></i>		
REST	THIN 24 H CIL IN ITEN VER ALON ANSIT PER AL HYGIEN REMOVAL		Canditians, if any, which		AS A CONSEQUE	NO OF	_				
¥.	≥ Z = E = E		gave rise to immediate cause (a) stating the under		AS A CONSEQUEN	NCE OF					
, 201 W.	EXA EXA ION,		lying cause last.	(c)				X			
RECORDS,	HOULD BE EXECUTED RD "PENDING" IN PRHIFF MEDICAL EXAN USED AS A BURIAL-OF HEALTH AND MERIAL, CREMATION, C	z	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEAS	OR CONDITION GIVEN IN PA	ART 1 (a)			
RECO	D BE ENDIN MEDICAL MED	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	TION FOR WHICH (	OPERATION W	AS PERFORMED?			20 AUTOPSY?	
ITAL	CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF A E 3 SHOULD BE USED. DEPORT TO BURIAL, OF	IFIC	None							YES 🗆	NO DO
DIVISION OF VITAL	ATE STEEN	CER	210 EXTERNAL CAUSE WAS	216. TIME OF	MONTH DAY	YEAR 21c HO	OW INJURY OCCURRE	D (ENTER NATURE OF IT	HOURY IN ITEM 18 PART I C	PR PART 2)	
NOIS	GERTIFIC TING TH SED TO 3 SHOU DEPART	MEDICAL	CONTRIBUTING CAUSE OF	1111111	1031		2 Carlon	2001	den 4	- 1	
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	STA PA				0 28 16	V u	sy . Inspection	No.	70116	recour	195
	NINER:		22e I certify that I taak char death resulted fram: Nati	ural causes ,	Accident Accident		, Hamicide .	Undetermined m		y apinion 1	NA
	EXAMIN CERTIFIC OULD BE I DIRECT (, WITH T		1	10/			TITLE (SPECIFY)				
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M	23e.Bl	RIAL, CREMATION REMOVAL	23b. DATE	23c. NAME O	F CEMETERY O	R CREMATORY	23d LOCATION		COUNTY STA	
07/84	BP	-11		Oct 7, 198	85 Walesk	a Meth			ska, G	eorgia	ATE.
25M	DHMH - 17		NERAL DIRECTOR	ADORESS				REC'D. BY REGISTR	AR 256 REGISTRAR	'S SIGNATURE	
	(VR A15 ME (5))	I	es-Pearson Fur	neral Home	s, Arling	ton, Va	a UCI	9 1900	guna Newdo	a-fortrops	



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( 3/2)	BLE CO	-	18 CAUSE	OF DEATH (Er	nter only o	ne cause per line	for (a), (b), and (c).)							171	APPROXIM BETWEEN ON	ATE INTERVAL
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-	FERDEY.		death resul	ted from:	Natural	couses 🔲	Accident	oucide	, Homici	ide X	Undetermin	ed monner	<u></u>			
	AAN MARKET	1	ACTUAL			1//	7		TITLE (SF	PECIFY)						
	4#93E	1	SIGNATURE			X	XV /	M	D. Assi	stant	MEDICAL	EXAMINER		SIGNED	10-16	-85
	OH A MOS		EXAMINER'S	NAME	Char	ONLY D V	auffman, M	1 0	1	11 Pen	n Str	eet				
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	502549	23a B	URIAL, CREMA	ATION, REMO	VAL 23b	DATE 0/22/85	23c. NAME OF C				23d. LOCAT	ION	111	COUNT	Y	STATE
07/B4	BP		Dulla.	L	1	.0122103	Harmony	Mem.				over,M				
25M	DHMH 17		UNERAL DIRE			ADDRESS		1	Wash.	250. DATE REC	C'D. BY REG	ISTRAR 25b			SNATURE	1 000
	(VR A15 ME (5))	Fr	azier'	s Fune	ral l	Home 389	R.I. Ave.	N.W.	D.C.	UC	166	1300		Lance I rec	man plant	

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤗

CERTIFICATE OF DEATH

REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1985 Katherine Hagstrom October 8. J. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR 3. SEX MONTH HOURS. YEAR 1.905 Female White May 6 70 BIRTHPLACE I STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's County Illinois WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 8409 Patuxent Avenue 20740 College Park Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 8409 Patuxent Avenue College Park Maryland P.G. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Burke Danie Josephine Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST George Elmer Hagstrom (Husband) 578-28-7799 Same as # None CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY WEEK! IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CARCINO MA OF CERVIX WILL INVAIN Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOX 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT HOME STREET FACTORY OFFICE FARM ETC 1 CITY OR TOWN COUNTY STATE AT WORK this hospital) attended the deceased from (our) apinion death occurred on the date and hour and from the abovi 22c DATE SIGNED ATTENDING MEDICAL STAFF Oct/9/85 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S Peter M. Schissler, M.D. 7500 Greenway Center Dr. Greenbelt. Md.

MPORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVA (SPECIFY) Oct/11/85

Burial

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

Brentwood, P.G. Co., Maryland

Chambers Funeral Home Riverdale, Maryland

250. DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE Julia Davidson

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	
CERTIFICATE OF DEATH	V	

5	6	9	3	6	3
REG NO					

	1.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	R	EG. NO.				
4		EASED NAME OR PRINT!	FIRST ETTLE		R. H	AMLET	T .		OCTOB	ER S	30, 198	5	4:34p	
3	SEX	FEMALE		4 RACE BLACE	к	5. DATE C		910	6. AGE (IN YEARS	LAST BIRTHDAY)			HOURS MIN.	
9		THPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARK		9 BALTIMORE O	ITY OR COU	NTY OF DEAT	н	M	
2	RI	Y OR TOWN OF DEA		LELAN]	D MEMORIA	ADDRESS)	PITAL	ION	12a USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WORKE	NG LIFE) INDUS	TRY	BUSINESS OF	
9	13a. S1	RYLAND	136 COUI	NTY	13t CITY OR TOW ADELPHI	/N	13d. INSIDE CITY L YES NO		13e.STREET ADD			207	83	
20	6a W	JANES  AS DECEASED EVER			EDWAI		15 MOTHER'S MA FIRST  CAT  17. INFORMANT	HERI	MI	ADDRESS	HARRISON			
/	{YI	NO OR UNKNOWN)		ONE	57926375	7	VALERIE	V LE	V LEE (GRANDDAUGHTER) SAME A					
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1	23a. BI	Physician Sin	mw	Dub.	ela 123c1	NAME OF (		16	MEDICAL POIRECTOR PR	bury		Rive	D/85 erdale:	
	14 FU	BURIAL NERAL DIRECTOR NAME N. CHAMBERS		Nev. 2		1	NATIONAL M	25a DIAM	EK LAURE	2. 96	CO. N	MATU	CAND.	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR.

(VRA 15, 4)

180ct1985

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR E Wilhelm

Funeral Home

Burial

Suitland, Md.

Arlington National

Arlington Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

IF UNDER 1 YEAR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

21811

Military

Parente

Same as

YES T

COUNTY

DATE SIGNED

STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺

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Ü	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).	
3		CEASED NAME FIRST	MIDDLE	11	ASŤ	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 904
	/	Nome	us		arvey	02	4185	OX ANA
~	1. SE)	× 11 1.	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
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		D.C.	U.S.	WIDOWE	X	Prince	George	MD.
7/	10 CI	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
		0.0	Washing		entist	Property		
1		AL RESIDENCE (IF NURSING HOME OF OT	THE INTELLETION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	111	1446
1	11 TO CO.	).C.		shington	YES NO	2901 18th		W.
21	4 FA	ATHER'S NAME	DDLE LA	AST	15. MOTHER'S MAIDEN NA	ME		LAST
	CI	harles Leon Ha		131	Beatrice V			IASI
0		WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
5		Yes		30-8970	Caridad Ha	rvev 2901	18th St.	N.W.
	10	18 CAUSE OF DEATH (Enter only	one couse per line far (a),			. / /-		OXIMATE INTERVAL EN ONSET AND DEATH
Н		PART I. DEATH WAS CAUSED I	21.1	ddru	cardio - 1840	matery fay	lue .	1he.
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3		Canditions, if any, which		wkus	wu			
Ä,	0	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
		underlying cause last.	( 10 185DL	ratory	us sufficiency	offer CAB	6 2	ales.
		PART 2. OTHER SIGNIFICANT CO						1(0)
	CERTIFICATION							
1	CA	90 DATE OF OPERATION	196. CONDITION FOR V			20a AUTOPSY?	206. IF YES, WERE FINITION CERTIFYING CAUS	DINGS USED SES OF DEATH?
1	1			uc MEan	+ durease	YES NO	YES	NO []
0	8	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2	n —
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	OFFICE FARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	-	NOT WHILE AT WORK				- TANK		
		220.1 certify that (I) (this haspital	l) attended the deceased		/			, that (I) (we) last
		saw the deceased alive an above, (1) (we) (did) (did not)	view the body ofter death.		nd that in (my) (aur) apinion (	death accurred on the da	te and hour and from t	he causes stated
		226. SIGNATURE			DEGREE	ALEDICA: STAE		TE SIGNED
		Trulde				MEDICAL STAF	IAN	127/85
1		22d. PHYSICIAN'S NAME (TYPE OR P	/		22e ADDRESS			
		F.E. WIDE	MAN					
	22. 0	BLIDIAL CREMATION DEMOVAL	22h DATE	23. NAME OF C	EMETERY OR CREMATORY	1224 LOCATION		

(VRA 15. 4)

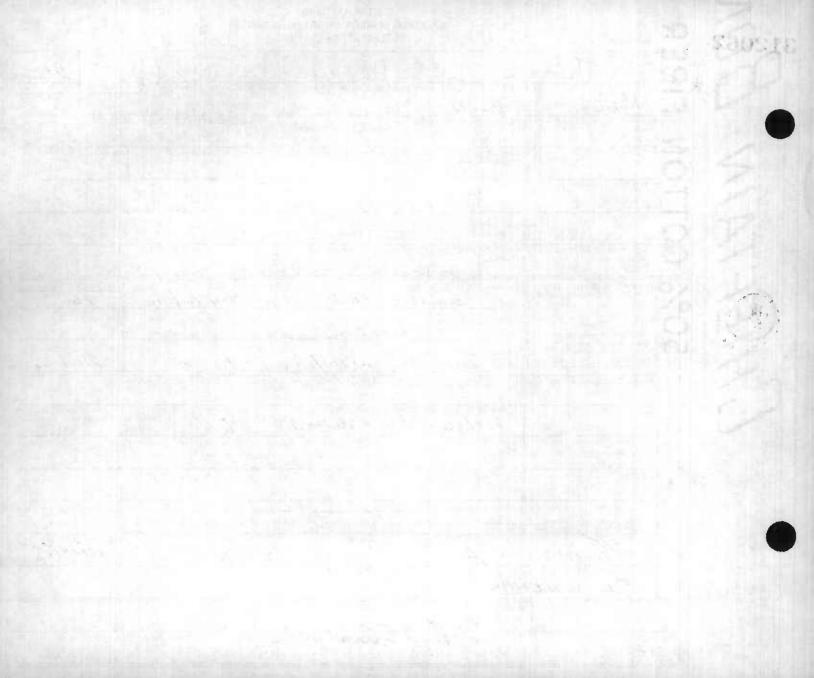
230 BURIAL, CREMATION
(SPECIFY)
Burial
24 FUNERAL DIRECTOR

CITY OF TOWN

Washington, D.C.

D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

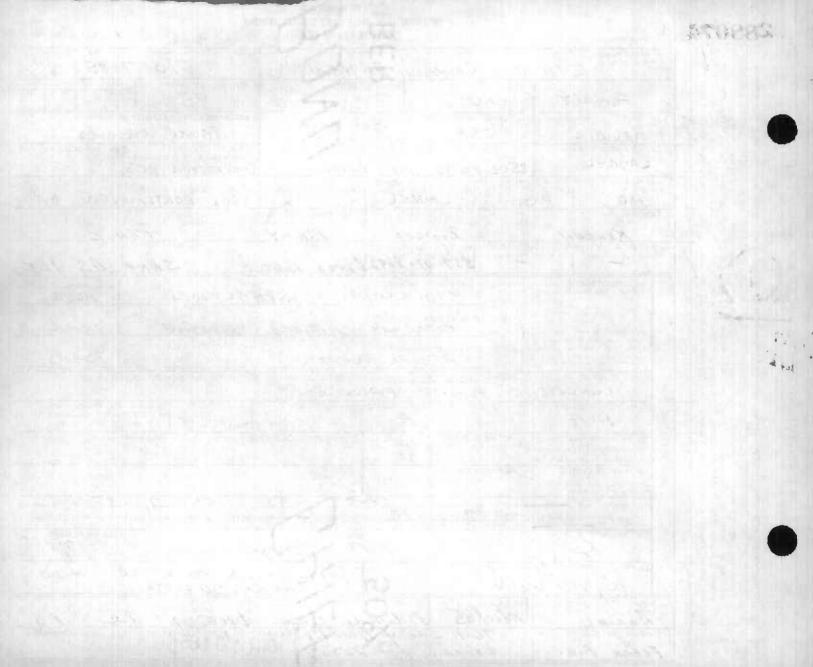
Stewart Funeral Home 4001 Benning Rd., N.E.



			STATE OF MARTLAND		0.1 1 110
	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	13/2
282091	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	10.11001
o 100	(TYPE OR PRINT) Helen	Ann	Haw	October 2, 198	8 50 AM
pod bod	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF L	UNDER 1 YEAR IF UNDER 24 HRS
ge 4 in rector, urs offi	Female	White	12-15-1924 YEAR	60 YRS.	ITHS DAYS HOURS MIN.
9 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	78. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF Prince George	DEATH
in 77	Pennsylvania	USA	WIDOWED DIVORCED	Filice George	MD.
ofter of with the offer of with the offer of with the offer of the off	Hyattsville	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	HOUSEWITE WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Home
12 Surs	USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		
LAND 28 hun 28 h	Maryland 136 P	o'G': Hyauesvi	The I 13d. INSIDE CITY LIMITS?	6002 36th Avenue	, 20782
1 2 de 1 d	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LACT
A 2 00 10 10 10 10		rancis Burke	Anna		Barett
TO T	160 WAS DECEASED EVER IN U.S.		JRITY NO. 17 INFORMANT	ADDRESS	
802 m	NO OR UNKNOWN) (IF YES	199-12-0	677 Thomas W. Ha	w, Husband, Same a	s line 13
E KE	18 CAUSE OF DEATH (Ente	only ane couse per line for (o), (b), or JSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ND I Or USe A Si m is m is m	22a. I certify that (1) this ha	ospital) attended the deceased from_			85 that (1) we) lost
Spire	saw the deceased alive above, (1) (we) (did) (did	on Scholen 2. 19	and that in (my) (aur) apinion	death occurred on the date and hour or	nd from the couses stated
OR A hospit.	226 SIGNATURE	46	DEGREE		22c. DATE SIGNED
AL Date Date IT: H	CHIN-C	HUANT 18U	M. D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10285
HOSPITA ned by FunEra Jid be de in the Stot	224 PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		
	Dr. Chin Chua	an Hsu	6905 Raltim	ore Avenue College	Dowl- Md 207/6
Off Cody	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	THE MILE YOU
BP	Burial	10-5-85 Ga	te of Heaven Cemet	ery Silver Spring,	Mont. Md.
	24 FUNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256. REGISTRA	
DHMH - 16 50M 4/82 (VRA 15, 4)	Francis Gasch's	- Com-	imore Avenue	T 7 1006 400	claim populate :
		HVALLEVIL	le Md 20781		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOUR / TYPE OR PRINT! 015 CATHERINE HAYDEN 85 EVA 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR FEMALE CAUC. 01 10 18 To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA PRINCE GEORGES VILGINIA WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY LAUREL ORIVE 8502 BOOKKEEPER, RETD PORTSMOUTH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? LAUREL 8502 PORTSMOUTH P.G. MO DR 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MARY FENCE SOWERS IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER LYES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MYOCAROIAL HOURS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTEMY Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF TOMAS underlying couse lost. ATHEROSCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION CONGESTIVE FAILUNG HERANT 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE SEPT 22a | certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive an OCT 7. .19. 🟋 \_\_\_\_, and that in (my) (•••) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN old be dete MPORTANT 22d PHYSICIAN'S NAME THE OR PRINT 22e. ADDRESS LAUNE BOWIE RD 6611 AUREL, MO 20708 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION REMOVAL 23b. DAJE DRENTINOS 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE TO COLOR DHMH - 16 50M 4/83 LAWERC, MD. FLECK F.H. 2070 (VRA 15, 4)



1 7 F F 10				STATE	OF MARYLAND			
287108	1	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 5	293	1 4
		CEASED NAME FIRST	MIDDLE	LA	1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
hoy be	,,,,,	4015	Lillian	Hein	baugh	10-	6 - 85	7:15 AM
ge 4 mo ector. po irs ofte	3. SE	F.	W.	5. DATE OF	- 5 PAY YEAR YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS  YRS.	HOURS MIN.
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ND 2120	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN MONTG	TY 13c. CITY O	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	WAYNE AVENU	UE 20901
d within apletely fond 2 sho	-	THER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NAMED IN MIRST		DELOZIER "	LST ZO70
nedicol 1	160 V	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO. 44-9947	17. INFORMANT, ROB	ERT HEINBARG	H SON	n
			v one cause per line for la)		TOTAL CONTRACTOR		R SPRING ME	
T. pp.; npop movent,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	BY: E CAUSE (a)	CARDIOI	PESPIRATOR			MEDINE -
ON S direction		IMMEDIA	DUE TO, OR AS A CON					
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1 W. PRI that the c ase remains other tra		gave rise to immediate couse Ja), stating the underlying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF				
gned and burio		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a)
PRDS	CERTIFICATION	CONDESTIN	- Hami Fa		ADRAC SPE			72/18/
S be	ICAI	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDS	
Al A	RTIF					YES NO	YES 🗌	NO 🗌
MELAN GENTAL MELAN GENTAL MET MEN THE MET MET MET MET MET MET MET MET MET ME		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	y IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS  NG PHYSICIAN The low requi otherding physician.  offer this certificate has been signs as the buriothronsis permit. They than Admitted Hygiene prior to orked or them 18 medows any injury orked or them 18 medows any injury	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
or or After Se os more more		22a.1 certify that (1) (this haspit	al) attended the deceased	from	UNE 19 8	1 to OZ.7.	-6 19 85	that (I) (we) last
TTEN TOR For we		saw the deceased alive on obove (I) (we) (did) (did) (did)	yushy the body ofter death	_19	that in (my) (our) opinion	deoth occurred on the do	ite and haur and from the	couses stated
DR A POS A POS Pept.		27b. SIGNATURE		D	EGREE			ESIGNED
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Should with t		X OBESTET L	- ARKH	MAR		WASHXE	TON D.C.	20012
55 - 23 - 3	23e. E	URIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d LOCATION	COUNTY	STATE COL
BP		BURIAL	10/9/85		INCOLN	BRENTWOOD	PRI GEO	STAT MD.
DHMH-16 30M 2/80 (VRA 15, 4)		NETS J. COLLIN	500	Clasures ER SPRING	ity Blvd. 250. DA	TE REC'D. BY REGISTRAR	STREGISTRARISSIGNA	Ashdelle
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

### STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

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REG. NO.			

	1-	STATE RECUSTRAN		DEFARI		ICATE OF DEATH	REG.	NO.	7 0	, ,
4	FOE	CEASED NAME FIRST	MID.	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	MATERIAL PROPERTY.	CHARLO	PTE	Doroth	y HI	CKS		10/9/8	5	7:50p M
	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	F	'emale	Cauca	sian	W87	24/11 YEAR	74	YRS	HS DATS	HOURS MIN.
6		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	- 0 -	9 BALTIMORE CITY		DEATH	
2		lahoma	USA		WIDOWE	D NEVER MARRIED DIVORCED TO	PRINCE G	EORGE'S	COUNT	Y MD.
7	III. CI	TY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
0	2		SOUTHERN		D HOS	PITAL CENTER	Practica		NDUSTRY	irsing
2	DSUA III S	AL RESIDENCE (IF NURSING HOME OR TATE 131 COUN	OTHER INSTITUTION	13t. CITY OR TOV		113d INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE	208	501
1			rles	Waldor	f	YES NO XX	Box 190	Gallant	Gre	en Rd.
7)	7 FA	THER'S NAME	MIDDLE	LASI		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	1
0	/	Herman		Ohm		Rosa	M		Sta	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT grand	ldaughter	RESS		
4		No		578-12	-5670	Norma Jean	ne Epp	same	as	13
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)		RESI	PIRATORY	ARREST	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b) CARCINOMA OF LUNE METASTATIC  DUE TO, OR AS A CONSEQUENCE OF								
	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  OLD CERE BRAL INFARCTION.								0
2	CERTIFICATION	190 DATE OF OPERATION 196		ndition for which operation was performed			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO			
1		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	111	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IT	NJURY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY HEET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	Ė	22a   certify that (1) (this hospital) attended the deceased from 4   5   19   19								
		276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN   10-10-5							SIGNED 10-85	
		RRISHAH	PRINT)	ATHUP	_	WALDOR	ARSHALL F MC	L ROA	601	
		URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	re	DUNTY	STATE
		Burial	10/12	/85 S	t. Pa	aul's Cemete	ny Wale	01	arle	
	24 FL	INERAL DIRECTOR	11	Po	BOX 13	STO LOGO POR DATE	E REC D BY REGISTR.		'S SIGNAT	URE
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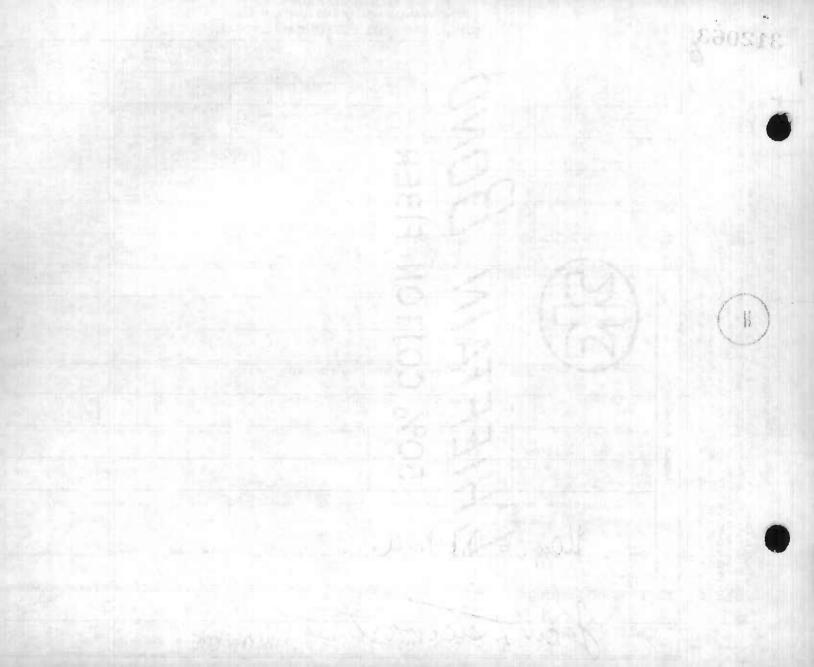
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040003/	1-	STATE REGISTRAR		/86 mtb F DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGINO.				2 9	3//
312063		CEASED NAME FIR	ST	WIDDLE		LAST	20 DATE KNOWN		DAY YEAR 26 HOUR
2 5 5 5 F	(111)		seph 1	Milton		Hill	OF ESTI-		2419 85 M
PLEASE CTOR. FILES. HOURS STREET,	3 SE		5. DATE OF BIRTH	6. AGE (1	NYEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED		DAY YEAR 24 HOUR
- 050 CON .		ale Black		10, 1948	Y.3.7	DATS HOURS	DEAD	10	2419 85 9:40
L/RESTANDA	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MARRI	ED NEVER MARRIE	ED P BALTIMORE CITY	ORCOUNTY	OF DEATH
ASSESS T	W	ash., D.C. TY OR TOWN OF DEATH	USA		WIDOW			eorge's	s County MD.
A COLUMN	10 C	IY OR TOWN OF DEATH		SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE		ER INSTITUTION	Body and F	TO DOORK 121	REPAIR
S S S S S S S S S S S S S S S S S S S		Cheverly AL RESIDENCE (IF IN NURSING H				al Hospital	Body and I	ender	Repair
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# # # # # P		FIRST	WIDDIE	LAST		Evelyn C	WIDDLE		LAST
A A A CO	16a. \	lfonzo Hill vas deceased ever in u.s	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS	20785
A PROPERTY AND A PROPERTY OF A	()	ES. NO, OR UNKNOWN) (IF YES	. GIVE WAR OR DATES)	579 64	0903	Evelyn S	Smith-mother	-2250	Brightsea
S S S S S S S S S S S S S S S S S S S	70	18 CAUSE OF DEATH (Ent	er anly ane cause per lin			_ Evolyn c	MILEUR MOCIO		APPROPRIATE INTERVAL BETWEER COM DEATH
S OF SWA	64		USED BY: EDIATE CAUSE (a)		South March				BETWEEN COLUMN DEATH
THE TOP	37		DUE TO, OF	R AS A CONSEQUEN	CE OF		The state of		
( ME 128		Canditians, if any, v	diate (b)						
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		lying cause last.	DUE TO, OF	R AS A CONSEQUEN	CE OF				
MAN THOUSE		BARY & GYNES CICANTICANY CONS	(c)						
DE SEE SE S	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO GEATH	DUI NOT RELATED TO THE	TERMINAL OISEASE	OR CONDITION GIVEN IN PAR	I I a.		
A CANAMA	CERTIFICATION	190 DATE OF OPERATION	19h. COND	ITION FOR WHICH O	PERATION W	AS PERFORMED?			20 AUTOPSY?
₹ 克爾岩森克泰	IFIC								YESX NO
CATE STATES	CERT	210 EXTERNAL CAUSE WA		FINJURY A. MONTH DAY Y	21c HC	W INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	
DIVISION OF S CERTIFICATE RITING THEW REDED TO THE E SE 3 SHOULD E DEPARTMENT OF PRICE TO	CAL	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.A		EAR				
DIVISION  IIIS CERTIFICANTING THARDED TO  GE 3 SHOTT TO DEPART  201 PRICE	MEDICAL	214 INJURY OCCURRED	21e PLACE STREET, FAC	OF INJURY (AT HOME		TREET	CITY OR TOWN	COUNT	TY STATE
- # \$ 4 0 F C	~	WHILE NOT WHILE				of the same			07312
ATE, ATE, ORV, SALE, NO., SALE, SALE	35	22a I certify that I taak	charge of the remains de	scribed abave, held a	n Autaps	y X. Inspection	Inquiry .	and in my apini	ian
PE ECT ANN YIA	0	death resulted fram:	Natural causes 🖾,	Accident,	Suicide	, Hamicide .	Undetermined manner	],	
MAR WAR		ACTUAL TO	Dear in 1	. OK. 01	9	TITLE (SPECIFY)		DATE	10/05/05
SE S		SIGNATURE	myane ou	re sign		Assistant	MEDICAL EXAMINER	SIGNED.	10/25/85
FERDA A L		EXAMINER'S NAME (TYPE OR PRINT)	argarita A.	Korell. M	I.D.	ADDRESS 111 I	Penn St. Balt	TO MD.	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VP PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA	23a.B	URIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY O	RCREMATORY	23d. LOCATION		
07/84 BP/ 3/6	E	urial (//	1 Oct. 3	1985	Harme	my Memor:	ial Park La	andove	r, Maryland
25M DHMH - 17	24. F	NERAL DIRECTUR	IN I, NO	leve	rel	250. DATE R	EC'D. BY REGISTRAR 236. RE	GISTRAR'S SIG	NATURE
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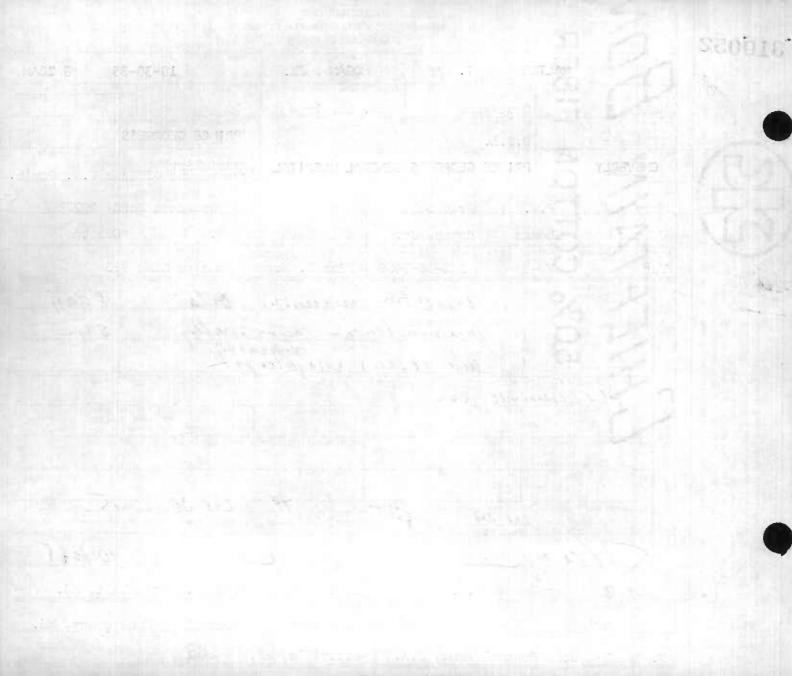
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. AND TRANSPLAND 21201

1. DECEASED NAME   100			REOISTRAR							REG. NO	5.		
S. SEX   GRACE   S. DATE CO RATE   MARCH   S. DATE CO RATE   S. DATE CO RATE   MARCH   S. DATE CO RATE   S. DATE   S.		I. DEC	CEASED NAME					AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Male Caucasian Dec. 21, 1914 70  78 BORNET PART OF THE PROPERTY OF COUNTY OF BATH PRINCE DECREE STORES OF THE PRIN				WALII	=R	THOMAS		HOGAN .	JR.		10-30	-85	8 20AM
Male  A BRITHPACE (STEDIFICATION OF DEATH  IN CHIZEN OF WHAT COUNTRY)  A BRITHPACE (STEDIFICATION OF A CHIZEN OF WHAT COUNTRY)  IN COUNTRY)  IN CHIZEN OF WHAT COUNTRY)  MARRIED DWORKED DWORK	9	3 SEX	(		4 RACE					6 AGE (IN YEARS LAST BIR	(HDAY)		
The strict of		Ma	1e		Caucasi	ian				70	VPS	MONTHS DAYS	HOURS MIN.
Illinois   U.S.A.   WIDOWED   DWORCED   PRINCE GEORGE'S   DECRETED   ILL NAME OF HOSPITAL NURSING HOME OR OTHER RISTITUTO. TO GEORGE T	1	7a BIF	RTHPLACE (STATE OF	FOREIGN			8	-		, -	1110	Y OF DEATH	
THE CHYON TOWN OF DEATH  THE CHYON TOWN OF THE DEATH OF THE DEATH OF THE TOWN THE THE THE TOWN THE				57.3	II C A					PRINCE G	EORGE	15	
CHEVERLY  PRINCE GEORGE'S AGENERAL HOSPITAL  CHEVERLY  PRINCE GEORGE'S AGENERAL HOSPITAL  PRINCE GEORGE IS AGENERAL  PRINCE GEORGE IS AGENERAL  PRINCE GEORGE'S AGENERAL  PRINCE GEORGE IS AGENERAL  PRINCE AGENERAL CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISE				ATH		HOSPITAL NURSIN		Tenant .					
TOSALA RESIDENCE IN NARISHMAN CONTRIBUTION C	4		HEVERLY							(Specialis	ENORKING LI	FE) INDUSTRY	
18 CALLED   18 COUNTY   134 INSIDE CITY IMMISS   134 STREET ADDRESS / ZIP CODE   144 CALLED   15 MOTHERS MADE   15 MOTHERS MADE   15 MOTHERS MADE   16 MOT	4	USUA	AL RESIDENCE OF NURS	ING HOME OR						Procuremen	e Off	ider U.	S. Gov't
Water Thomas Hogan, Sr. Elizabeth H. MODIE  18 WAS DECRASE PER IN U.S. ARNED FORCES?  18 WAS DECRASED FUER IN U.S. ARNED FORCES?  19 SOCIAL SECURITY NO.  17. INFORMANT Spouse  Nina B. Hogan, Same as Line #13  18 CAUSE OF DEATH Enter only one couve per line lor iou, (b), and is:  19 PART I. DEATH WAS CAUSED BY  19 DUE TO Q. AS A CONSEQUENCE OF  10 DUE TO Q. AS A CONSEQUENC	6	130 S	TATE					13d INSIDE	TITY LIMITS?	13e STREET ADDRESS	ZIP COD	E	
Walter Thomas Hogan, Sr. Elizabeth H. Gosoff  Was Deceased Ever In U.S. Armed Porces? It was a measured by the control of the	1			P.C	3.	Greenbel	t				ent R	oad 20	770
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO   17 INFORMANT Spouse   ADDRESS   187 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO   322-16-7439   Nina B. Hogan, Same as Line #13	4	100	FIRST			LAST		74	EIRST	MIDDLE		LAS	1
Record   State   Sta		-										Gosori	Ω
Yes   W-2   322-16-7439   Nina B. Hogan, Same as Line #13						166 SOCIAL SECU	RITY NO.	17 INFORM	ANT Spous	se ADDRE	SS		
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PHYSICIAN DIRECTOR PHYSICIAN DIR		-	776 SIGNATURE				11					22c DATE	SIGNED
Dr. Till Bergemann, M.D.    Center Way Prof. Cntr., Greenbelt, Md.			1/1	es	1.				PHYSICIAN [			10:70	0+1
230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE PARK LIMITED TO BURIAL DIRECTOR 25c DATE REC'D. BY REGISTRAR 23b. REGISTRAR 25b. REGISTR		20	THE PHONICIAN'S PA	AME ITHE	(pline)			22e ADDRES	SS	100			
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DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If He



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2 75 (0)		CEASED NAME CRASHUL	JAMES C. HOP			RN , Sr.	To DATE OF DEATH MONTH	5 85 2 43AM		
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ERAL DOR		ITE PHYSICIAN S NA	M. washing	ralon	ay 1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	5 00 85		
Appendix by Append		/	Maloney	, M.D.	1		venue Hyattsville	, Maryland 2078		

DHMH - 16 60M 7/84

4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

73a BURIAL CREMATION, REMOVAL 10/8/85 Burial "Francis Gasch's Sons Funeral Home, P.A.

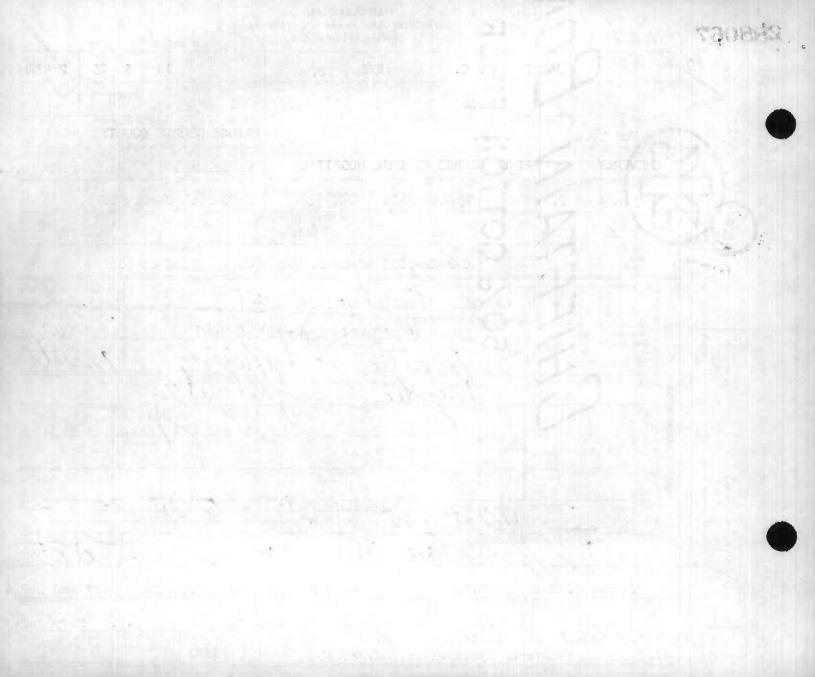
23b DATE

IJI: NAME OF CEMETERY OR CREMATORY George Washington Cem. Adelphi

ZM. LOCATION

P.G. Maryland

154 DATE RECD. BY REGISTRAR 356 REGISTRAR'S SIGNATURE



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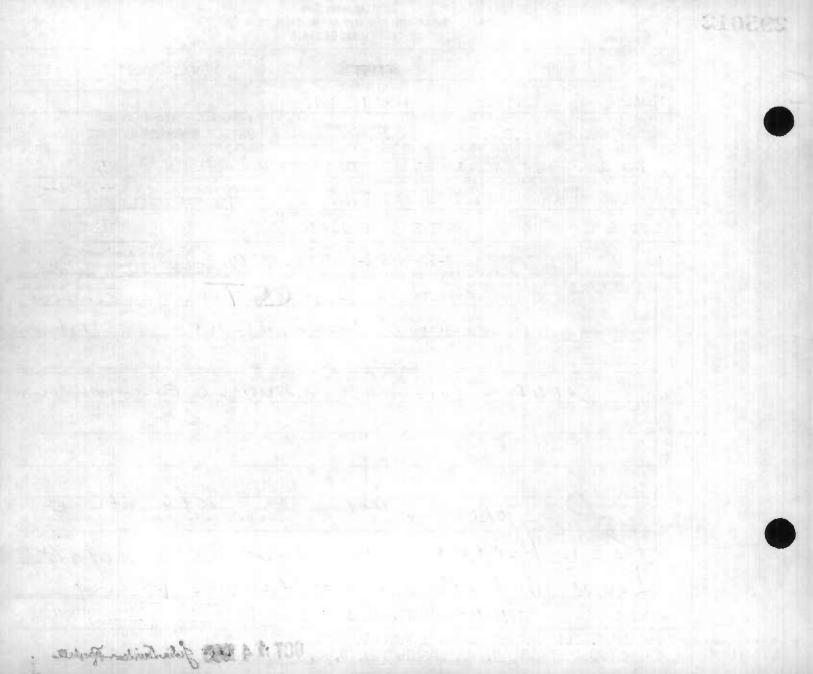
etained by the hospital or attending physician

TO HOSPITAL

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130	130 STATE MARYLAND	IRSING HOME OR OTHER IN 136 COUNTY MONTGON		VOR TOWN	RING YES	SIDE CITY LIMITS?	310	ADDRESS / Z			904
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ter this of the burner ond Medor b	(IF EITHER NOTIFY MI  21d. INJURY OCCU  WHILE NOT  AT WORK		e PLACE OF INJU THOME STREET, FACTO			STREET		CITY OR TOWN	,	COUNTY	STATE
CTOR: Af I for use of af Health n 21 is mo	sow the dece	(i) (this hospital) att ased alive on (did) (aid not) view			9/3-4 ond that	in (My)(our) opinion	death occurr	red on the date	and hour	ond from the	that (1) we) lost couses stated
JERAL DIRE Stote Dept ANT: If them	176 SIGNATURE	NAME (TYPE PREMINT)	myear	y	DEGRE 222e	ATTENDING	MEDICAL	STAFF R PHYSICIA	N	22c. DATE	SIGNED 1
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- 16 60M 7/84 RA 15, 4)	24 FOOR A POS M. 232 CARRO						140	1 Jul	a Berid	AR S SIGNAT	delle .

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	or po	should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours ofter death	1	
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	TO FU	should	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examination will be a similar or any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL

REGISTRAR		CERTIFIC	CAIL OI DE		REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	TAS	51		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Roger	A.	Hou	ıle		October 21	1985	114dA,
3 SEX	4 RACE	5 DATE OF			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	
Male	White	1 nonth	07 <sup>PAY</sup>	1919	65 YRS		HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MA	DDIED [	9 BALTIMORE CITY OR COUN	TY OF DEATH	
Massachusetts	U.S.A.	WIDOWED	**	RCED	Prince George	es	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO		OTHER INSTIT	UTION	120 USUAL OCCUPATION	175 KIND	of Business or
Riverdale	Leland Mem		spital		Specialists		rity Age
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland P. C	INTY 132 CITY OR	TOWN	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP CO	DDE	740
14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S A		WIDDLE WIDDLE		AST
Phida	Hou			known			
	SOUT WAR OR DARKE		17 INFORMAN				crest Ro
Yes-Army W.	W.II 033-0	9-8691	Michael	L A. H	, ,	er Spri	ng, Md.
18 CAUSE OF DEATH (Enter	only one couse per line for (a), (	bi, and ic			2090	APPRO BETWEEN	NONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0) COW	dispulm	many	ano	it		
underlying couse lost	(CONDITIONS CONTRIBUTION		40 card		Infarction	CIVEN IN PART I	l a
	in a hyperten		deovaru	lan d	creare, CVA EC	2) herupore	ini tapha
Hyperteus  190 DATE OF OPERATION  10-17-85  210 ACCIDENT WAS UNDERLYING	Acute pul			AED	200 AUTOPSY? 206 IF	YES, WERE FIND RTIFYING CAUSE YES	NO DEATH?
210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	H DAY YEAR	21c HOW INJU	RY OCCURR	ED CENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)	
OR CONTRIBUTING CAUSE OF C	CAIN	19					
OR CONTRIBUTING CASE OF E	21e PLACE OF INJURY (AT HOME, STREET, FACTORY O		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
saw the deceased alive of	pital) attended the deceased from 10-21 not) view the body after death.	pro and		ur) opinion o	, to	hour and from th	. that (1) (WE) los e couses stated
226 SIGNATURE	strin	N	EGREE ATT	ENDING	MEDICAL STAFF		= SIGNED
RAVINDER	K. RUSTAGI,		22e ADDRESS		LANDOVER K		
30 BURIAL, CREMATION, REMOVA		23c NAME OF CE			23d LOCATION		
(SPECIEY) Burial	10/24/85	Gate of	Heaven	Cemet	ery Brentwood	P.G. N	Maryland
Francis GAsch's	O- B		TARRE	250 DATE	REC D. BY REGISTRAR 256, REG	ISTRAR'S SIGNA	TURE
rianeas Gasch's	sons Funeral H	ome, P.A.		COT	O A MODE O ME	1219 -1	Middle &

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

2:	94	05	1
	within 24 hours ofter death. Page 4 may be	Brompletely filled in by the funeral director page 3 est I onde.	
	hours ofter	ed in by the f	1
-	thin 24	mpletely fille	1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -/ STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 12 Hughes Frederick & AGE TIN YEARS LAST BIRTHDAYS

DECEASED NAME 7h HOUR George L DATE OF BA IF UNDER 1 YEAR White BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Laurel, Md. U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Riverdale Civil Service USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY P.G. 13e STREET ADDRESS / ZIP CODE 7006 23rd Avenue Hvattsviller Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Frederick Elizabeth Hughes Barbara Stanowski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 5119 Keota Terr. 217-32-0666 John C. Hughes College Park, Md. TE CAUSE OF DEATH (Enter only one course per line for (a), (b) and
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate count to stating the underlying couse lost PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYD TO THE TERMINAL DISEASE OR CO. 76s. IF YES, WERE PINDINGS USED N. DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED. 78w AUTOPSY IN CERTIFYING CAUSES OF DEATH? TIG ACCEPT WAS UNDERLING [] 21b. TIME OF INJURY THE HOW INJURY OCCURRED. LENGTH THAT HE PURITY IN THE WAR TO PART I OR PART I HOUR AM MONTH DAY YEAR OF CONTRIBUTING [ ] CAUSE OF DEATH OF EITHER HIGHEY MEDICAL EXAMINERS 214 INJURY OCCURRED 21s PLACE OF INJURY TH LOCATION CID DESDWH COUNT AT HOME STREET FACTORY, OFFICE FARM, ETC. I AT MOSE AND AND WHILE I 22x I certify that it! (this haspitali-attended the saw the deceased ally above, (I (we) (did) (d d that in (my) (pur) opinion death occurred on the date and how and from the couses stated DEGREE ATTENDING A MEDICAL STAFF DIRECTOR ! PHYSICIAN! 22e ADDRESS 23a BURIAL CREMATION, REMOVAL

hould be detached

DHMH - 16 60M 7/84 (VRA 15, 4)

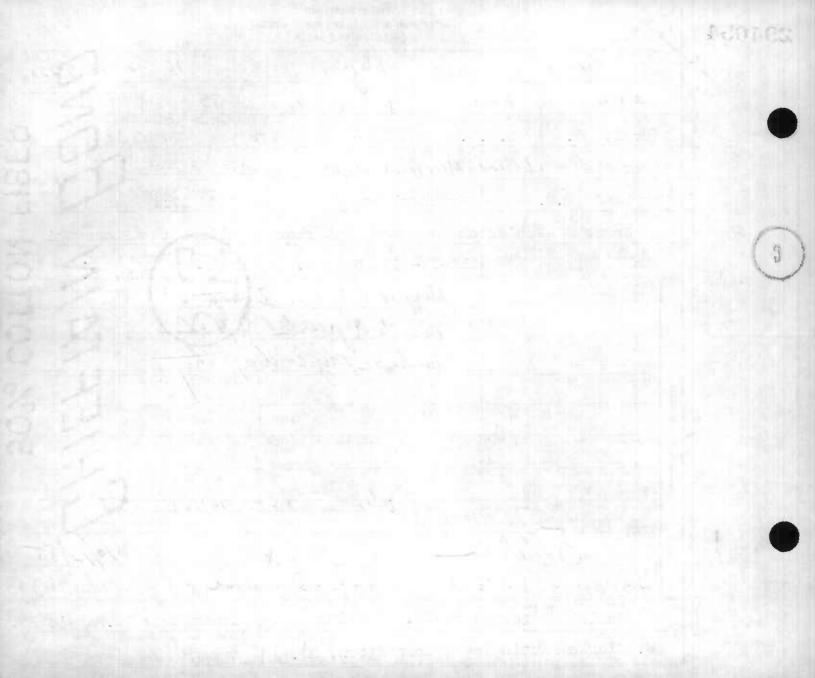
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Burial

23c NAME OF CEMETERY OR CREMATORY

St. Alovsius 10/16/85 24 FUNERAL DIRECTOR W. Clarke Mattingley Deonardtown, MD Leonardtown St. Mary 's Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE una waydson- /317 "



RIVERDALE, Md. 2073

in Davidson

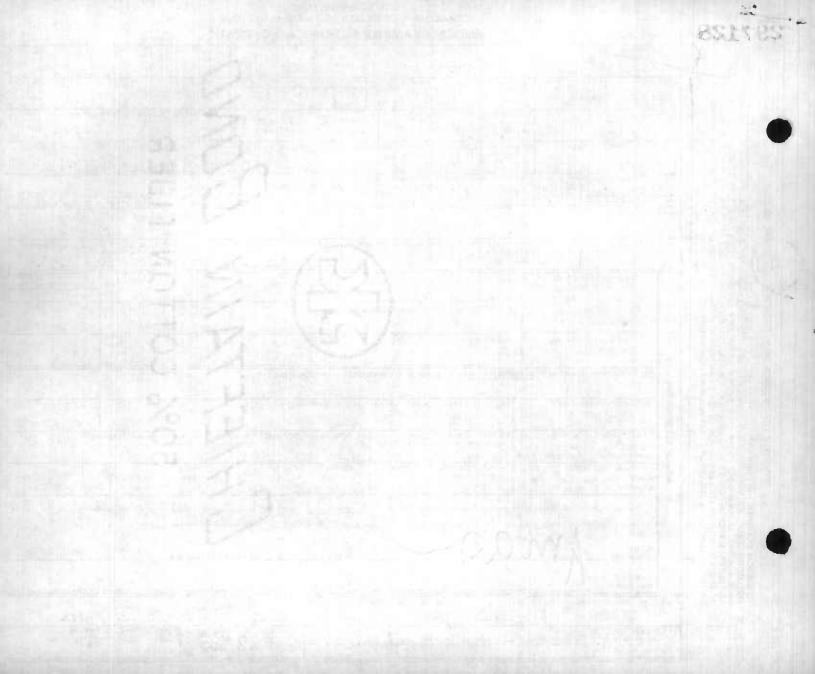
(VR A 15 (4))

CHAMBERS CO.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN X 26 HOUR ESTI-MARK Anthony DEATH MATED HUTCHISON 10 131985 4. RACE AGE (IN YEARS I IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10:15 Male White Jan. 14, 1963 22 DEAD To BIRTHPLACE ESTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. DIVORCED WIDOWED [ Prince George's County III. CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 6126 Surrey Square Lane Forestville Carpet Installer 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pr.Geo's KMKEXXXXXX Forestville 6126 Surrey Square Lane/20747 YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gene Hutchison Windsor Frances Irene 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6126 Surrey Square Lane, Cassandra L. Hutchison-Forestville, Md. No 20747 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotqun wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8:54m. 10-13- 19 85 Self-inflicted 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 6126 Surrey Square La., Forestville, home MD TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIRBUNGORE, MARYLAND, 2 Prince George's Co. 278. I certify that I took charge of the remains described above, held an Suicide X death resulted fram: Notural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 10-14-85 M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dixón, M.D. ADDRESS 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 10/18/85 Southern Memorial Gardens Dunkirk (Calvert) 07/B4 25M Richard A. Coleman -Upper Marlboro, Md. 20772 Funeral Home **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 298078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EGISTRAR REG NO ECEASED NAME 20. DATE KNOWN CTYPE CIR PRINCE ESTI Doden DEATH MATED 4 RACE & AGE (IN YEARS | IF UNDER TYR IF LINDER 24 HRS DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED WHITTH DEC. 1, 1921 DEAD THE CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISSAULDE MARRIED NEVER MARRIED FOREIGN CIDUNTERS TLL. U.S.A. DIVORCED X WIDOWED IL CITY OR TOWN OF DEATH 11 MAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE WAREHOUSE MANAGER LUSTINE CHEVERLY JSUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. PRINCE GEORGES RIVERDALE YES XX 6143 64th AVE. NO [ 20737 II FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST HOLLICE QUINCY IMBODEN FIMA M. MYERS 17 INFORMANI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO ADDRESS 4319 40th ST. LYES. NO, OR UNKNOWN LIF YES, GIVE WAR OR DATES) 349-14-3943 WWII RICHARD J. IMBODEN BRENTWOOD. Md. 20722 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), pleratie andisvaseubodiseare PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO I 21a. EXTERNAL CAUSE WAS 214 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 2 TE PLACE OF INJURY (AT HOME. II. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE CGE 4 SHOULD BE FORM FUNERAL DIRECTOR; P TER DEATH, WITH THE ST 220 I certify that I taok charge of the remains described above, held on Autopsy Inspection ond in my opinion Accident death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 10-14-85 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez. M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, Md (TYPE OR PRINT) 0 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 10-18-1985 CHELTENHAM. BURIAL P.G.C. CHELTENHAM VET. Md. 07/84 BP 25M 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 125h REGISTRAR'S SIGNATURE **DHMH - 17** W. W. CHAMBERS CO. (VR A15 ME (5)) RIVERDALE. Md. 207

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DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED WITHIN 21 "PENDING" IN PENCIL IN IT PENCIL IN IT PENCIL IN IT PENCIL EXAMINER ALC ED AS A BURIAL - TRANSIT HYGOL HEALTH AND MENTAL HYGOL LL. CREMATION, OR REMOVIL	z	THAT & OTHER JION	IIICANI CONOTTO	CONTRIBUTING TO GENTH	ROT NOT RELAT	EO TO THE TERMINAL C	ISTASE OR CONUITE	UN GIVEN IN PAI	KI I a				
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AL.	HOULD ROUNDSED USED OF HE	12	190. DATE OF C	PERATION	IVE. CONDI	ION FOR W	VHICH OPERATIO	N WAS PERFOR	KMED?				20 AUTOPSY?	A. C.
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ō	A SE CAN	E	AT WORK	NOT WHILE	X SINCELLY AC	ORT, FARM, ETC	)		ock.	OA CITY OR	PO.	· O cou	D.	STATE
	ATE, WRIT ORWARDE ORWARDE OR: PAGE 3 1E STATE D UD, 21201								CCOL.	100		Millen	16	Ned _
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	<b>多</b> 用出出古代		death resulted	I from: No	iturol couses	Accident	Suicide	L, Homi	icide,	Undetermined	manner			
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(1101	523557	23a. Bi	JRIAL, CREMATI	ON, REMOVAL			AME OF CEMETE			23d. LOCATION		COUN		
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	DHMH - 17 (VR A15 ME (5))	ll am	NAME	noral L	Homes, Inc	Alexa	ndria V	irainis			9	5		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

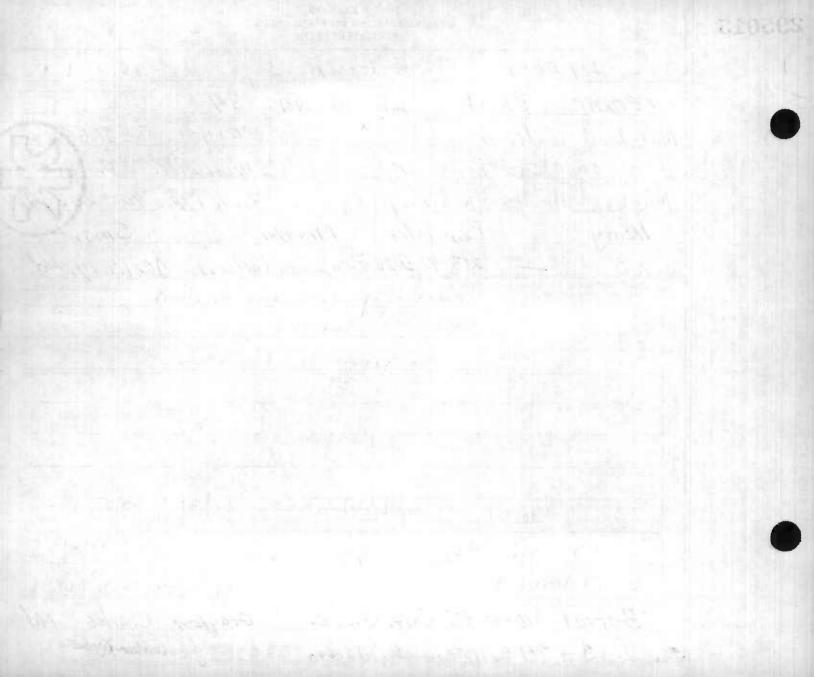
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	L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within \$4 hours after death. Figgs 4 may be haspital or ottending physicion.	DIRECTOR, After this certificate has been signed by the attending physican and manipularly tilled in thy the funderal director, page 3 toched for use as the burnel transit permit. Then please remove corbon papers. Page 1 and 1 shaped to the first the please remove corbon papers.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

	REGISTRAR		CEKTIFI	CATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	WIDDLE	U	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	No HOUR
(1466	ALBEN	ETA	JACI	GON		DCT-8-	85	1 PM
3 SE	X p	RACE	S. DATE O		6 AGE (INYEARS LAST BIR	THDAY) IF UNDE		IF UNDER 24 HRS
/	remale	Black	July	14, 1901	84	YRS.		HOURS MIN.
le Bi	IRTHPLACE (STATE OR FOREIGN )	Th CITIZEN OF WHA	T COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	-
1	lary land	USH	WIDOWE	D DIVORCED	PRINC	E 66	ORG	ESMO.
10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF USIRY	BUSINESS OR
5	LINION	Southe	en md	HOSPITAL	Housew	ife.	Pri	ate
13a	AL RESIDENCE (IF NURSING HOME OF C STATE 186 COUN'		RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	0	1110
	Mary and Cha	rles 1	vanjemoy	YES NO	Koute 1/	Box 70	d	0662
14. F/	ATHER'S NAME	NIDDLE 7	LAST	15 MOTHER'S MAIDEN NA	ME		LAST	
	Henry		annister	Marth	a	5	ma	nt
		MED FORCES? 16b :	SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	SS		/
	1.0	- 31	13-42-5422	Ben Jamen -	Sackson	Nante	10300	1, Ald.
	18 CAUSE OF DEATH (Enter only	y one couse per line l	lor (a), (b), and (c) (		1		APPRO MAN	ATE INTERVAL
	PART I. DEATH WAS CAUSED	E CAUSE (o)	cardia	, Dulmous	sux +125	res		
			A CONSEQUENCE OF		0		-111	
	Conditions, if any, which	( b)	A CONSEQUENCE OF	Sabsis		11 1 10 1		
	gave rise to immediate cause (a), stating the							
	underlying cause last.	DUE TO, OR AS	Casca OF	oura ox	Tomesoa	۵.		
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTR	IRUTING TO DEATH RUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PARTIC	
NO				TO THE FERN		DINION OWER IN	AKT TIG	
AT	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE		
CERTIFICATION					YES TI NOT	IN CERTIFYING (	AUSES O	P DEATH?
E.	216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c HOW INJURY OCCURE			PARI 2)	
	OR CONTRIBUTING CAUSE OF DEAT	in .	MONTH DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION				
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	27b. SIGNATURE	-00		DEGREE	MEDICAL STA		r. DATE SI	GNED
	1 1. 30	sock IT	7	ATTENDING PHYSICIAN A	MEDICAL STA		101	2/8-7
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	D. MAG	ULA			welde	20 20	DO	20601
	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CE	EMETERY OR CREMATORY	23d LOCATION			
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24 F	UNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S	GNATU	RE
24	es tais J. H &	Pt/ BN/11:	Damonkey )	m/ 2064/ CT 1	4 1983 4	in Laurdson	Mark	1



				STATE OF MARYLAND		
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NI	1	REGISTRAL	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG.	NO.
WI	19	CONTED NAME FAILT	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 25 HOUR
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36535	0.5€		DATE OF BIRTH	ETIN YEARS IF UNDER TYR. IF UND	ER 24 HRS 2c DATE	MONTH DAY YEAR 24 HOU
* XX Z Z Z	1	ale Caucasian		TBIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	10 1219 85 a 2:20
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		ish. D.C.	USA	MIDOMED DIVO	1	eorge's County, ME
THE FILED,	110 C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING		120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)	OR INDUSTRY TET
A A A A		Bowie /	Rt. 30 south of		Self employe	
15 A 5 A 6 B		AL RESIDENCE (IF IN NUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE			21054
STATE STATES	4.5	ryland Anne Ar				ge Hills Drive
9-1-0	-	ATHER'S NAME		15 MOTHER'S MA	DEN NAME	
PAN STA	1	Curtis	L. Jacobs	FIRST	MIDDLE	LAST
9 9 9 8 5 0 T	160	WAS DECEASED EVER IN U.S. ARM			rginia ADDRE	Davis
SATER DEA GIVE PAGES TITH FORM P PAGES NA WISION OF		(IF YES, GIVE W	AR OR OATES)			and the same of th
JIRS A JIRS A WITH PACE		no	577-48		ean Jacobs	same as 13e
		DADTI DEATH WAS CALIFED	one couse per line for (a), (b), and BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST IIN 24 HO IN ITEM 1 P TEM IN TEM IN THY GIENE	7	V/20 IMMEDIATE	CAUSE (o) MUITIPLE 1			
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AL PREA		Conditions, il any, which gave rise to immediate	(b)			DESCRIPTION OF THE PARTY OF THE
× ××××××××××××××××××××××××××××××××××××		couse (a) stating the under-	DUE TO, OR AS A CONSEQU	JENCE OF		
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A ANIE A SECOND		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (p)	
RECORDS D BE EXECTED BE EXECTED BY MEDICAL N AS A BU EALTH AN C CREMAT	Z					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "FENDING" IN PENCIL IN 1TEM 1 REDED TO THE CHIEF MEDICAL EXAMINER ALONG ES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF PRIÇR TO BURIAL, CREMATION, OR REMOVAL	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY?
TAL SPENSE USE NEW SEA	L H					
T SECOND LANGE LAN	10 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21¢ HOW IN HIRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES (X) NO
S TARELLE S		UNDERLYING TOOR	216. TIME OF INJURY HOUR AND MONTH DAY			
SION STIFIC SHOU PARTY RIOR	MEDICAL	CONTRIBUTING CAUSE OF DI	21e PLACE OF INJURY (AT		auto/auto impac	ct
DIVISI IS CERT REDED SE 3 SF PRI DEP	1		STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
WR WR	2	AT WORK AT WORK	road	Rt. 30 s. of	Central Ave, E	Bowie, P.G. CO,MD
DRW PR: P		22e I certify that I look charge	of the remains described obove, he	Id on Autopsy XX, Inspec	hon . Inquiry .	and in my opinion
¥5#6£€		death resulted from: Natura		Suicide . Homicide	· Undetermined manner	1.
ARY ARY	1	- /	77 11/12	TITLE (SPECIFY)		
A STOCKE		ACTUAL SIGNATURE	1 Durant 1		hiefedical examiner	DATE 10/12/85
ZHY WAY	2	SIGNATURE	- VU OUN JU	M.D. 10 CELLING	MEDICAL EXAMINER	SIGNED 10/12/03
W. B. C. A. C.		EXAMINER'S NAME Thom	as D. Smith, M.D	. ADDRESS 111	Penn St. Balto	o.MD.
DIVIS  TO MEDICAL EXAMINER: THIS GREEKEUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITHALHE STATE DEF BALTIMORE, MARYLAND, 21201 PF	73a B	URIAL, CREMATION, REMOVAL 23	DATE I22, NIAME	OF CEMETERY OR CREMATORY		
	1	SPECIFY)			238. LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP	74 F	UNERAL DIRECTOR		Lincoln Cemetery	Brentwood,	Mary Land GISTRAR'S SIGNATURE
DHMH - 17		NAME	1.6000 Annapo	118 KOSO	/ /	a Davidson-Mandall
(VR A15 ME (5))	Be	all Funeral Home	Towie, Mar	yland 20715 0	T 1 5 1985 9th	the state of the s

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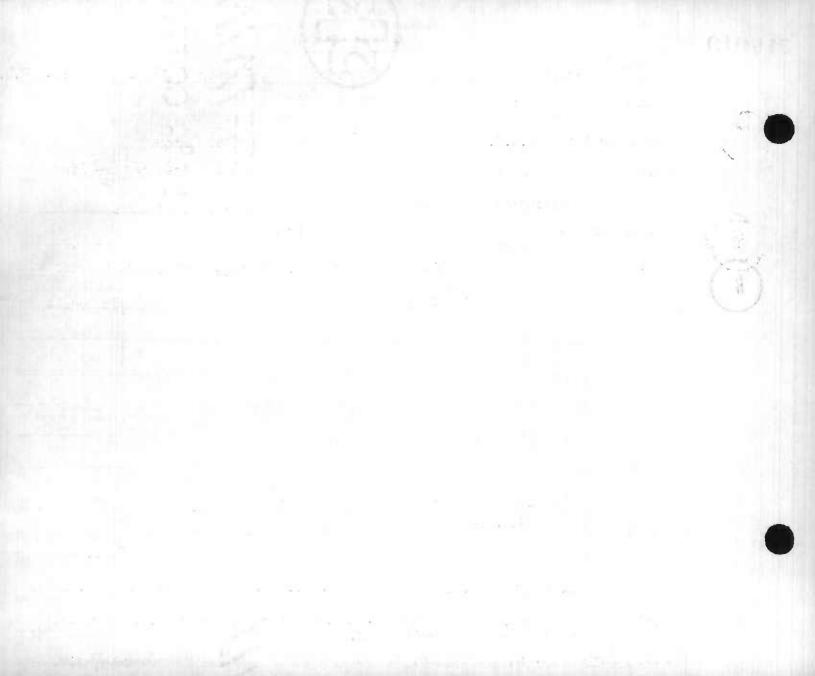
Seell Funeral Rome Ports, Maryland 20715

awid too 14 195 it. Sincoln Constany at acwood, Marghand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 294064 STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT! Jeffries Dorothy D. October 12, 1985 6:00 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH August 1, 1934 White Female TO BIRTHPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED U.S.A. Virginia DIVORCED [ Prince Georges County, MD
120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Giant Food, Inc 50th College Park Pr. Geo. College Park 8707 50th Place / 20740 Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alice Garber Dovel . Sr. Mary Olin ADDRESS Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 216-30-3846 Mr. William H. Jeffries, Sr. No# 13. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Multiple Myeloma (1982) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN NOI WHILE 10 Oct, 12 220.1 certify that (1) (this hospital) attended the deceased from June 19 10 85 saw the deceased olive on OCT 19\_8.5°, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS IMPORTA 3800 Reservoir Rd., N.W. Wash, D.C. 20007 Albert E. Rolle, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 23b, DATE Oct.15.1985 Fort Lincoln Cemetery Brentwood, P.G., Maryland Burial 14 FFT AMETES Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/B3 rena Daydon-gandam (VRA 15, 4) 4739 Baltimore Avenue, Hyattsville, Md.

THE COURS BEEN SHIP in. Militan M. follmiss, Mr. C. Mor 15.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 295184 DECEASED NAME 20. DATE KNOWN (1995-OR-FERNI) ESTI-DEATH MATED GE (IN YEARS IF UNDER 1 YR. PRONOUNCED OCTOBER Ja BURTHPLACE LUIATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED VIRGINIT CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SPECIAL POLICE OFFICER 130 STATE 134 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME AMDE MIDDLE MIDDLE JOHNSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMAN ADDRESS14 NEWTON STREET (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) JOHNSON MOTHER COLMAR MANOR, MD TINK TR. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSCOUENCE OF cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 🗌 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER MAMINEN'S NAME TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPARTA 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 2617 BENNSYLVANIA **DHMH - 17** (VR A15 ME (5))



	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0. 2	9 3	9 3	
30,50,37		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA		26 HOUR	
y be		ROBE	Lite	NST	JOHN			10-2		2 :37AM	
frer of	3 SE	Х	4. RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY}	UNDER TYEAR	HOURS MIN.	
orso /	Ma	le	Caucas		Apri	1 12, 1919	66	YRS.			
7 Po di: P		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY				
deort deort		chigan	U.S.A.		WIDOWE	D DIVORCED	PRINCE GEO			MD.	
by the filled with	1	ITY OR TOWN OF DEATH CHEVERLY	PRINCE	GEORGE'S"		AL HOSPITAL					
AND 212	Ma		ROTHER INSTITUTION NTY	136. CITY OR TOW Bladenst	N	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 4237 58th	Avenue	, 207	10	
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TIMO on o	NO			323-16-4	+785	Kathryn John	son, Same a	as Line			
BAL cote oper ovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line far (a), (b), an	d (c).)				BETWEEN C	MATE INTERVAL	
ST.,		IMMEDIA	TE CAUSE (a)	GASTRO	INTES.	INAL HEMORRHA	VCE				
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E TE SO		Canditions, if any, which gave rise to immediate	(p)	RUPTURE	) A(9)R	TIC ANEURYSM					
3 1 1		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEOU					19075		
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DIVISION OF VIT AL RECORDS,  ING PHYSICIAN: The law requirenteding physician or offer this certificate has been signs, the buriol-transit permit. There in ond Mental Hygiene prior to the orked or tem 18 shows any injurian	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN		
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ADIA Con Se o colff	1	22a 1 certify that (1) (this hasp	ntal) attended th	e deceased from	10	-3 19 83		24	85	hat (1) (we) lost	
TTER Porto for of H	4	saw the drawed alive or	at) view the bady	alteraleoth 9	3)	d that in (my) (aur) apinian o	death accurred an the d	ate and have	and from the c	auses stated	
OR A bolike Ched Ched Ched		22b. SIG: ATURE	NX	11.0	7	DEGREE	/		22c. DATE S	IGNED	
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E 5 F 4 2 5		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

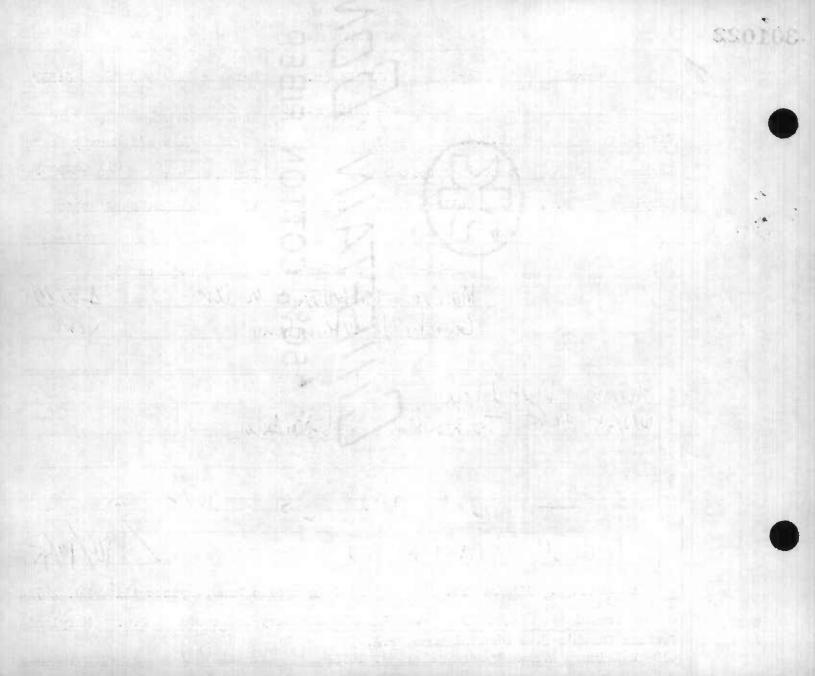
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Ι.	REGISTRAR				CERTIF	ICATE O	FDEATH		REG. NO.	Sin 1		
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3. S		0.1.0	4 RACE	10,44	5. DATE	OF BIRTH		& AGE (IN YEAR	S LAST BIRTHDAY]	IF UNDER		IF UNDER 24 HRS
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7a. 6	SIRTHPLACE (STATE OF	OREIGN		WHAT COUNTRY?	R				CITY OR COUN		TH	
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	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O			12a USUAL OC		12b K	INDO	F BUSINESS OR
I.	anham			r's Hospi					R MOST OF WORKING	3 LIFE) INDU	IRYC	Company
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/	Ted	Fr	anklin	Jones		-	FIRST		NIDDLE		LAST	
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	(YES NO OR UNKNOWN)		E WAR OR DATES)									
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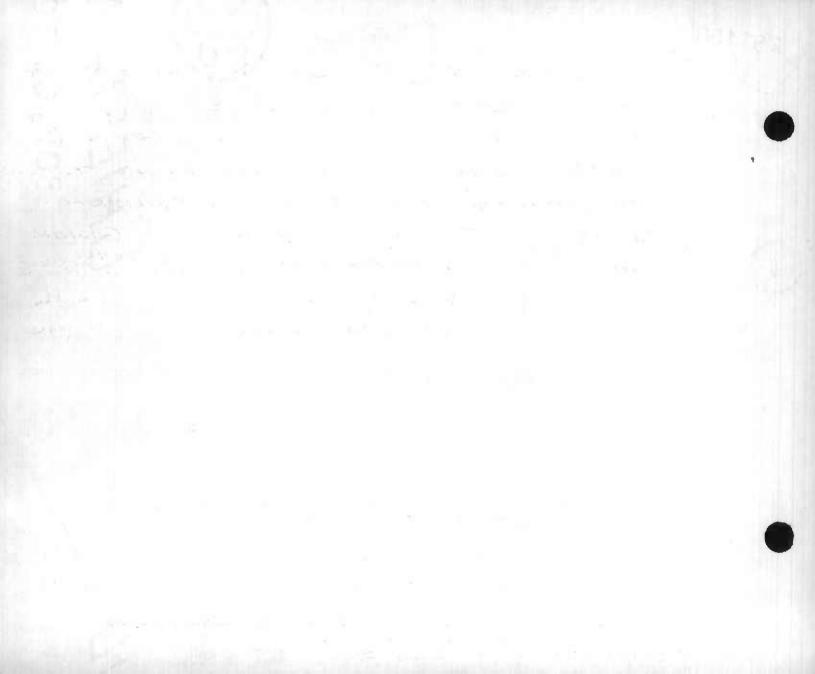
4739 Baltimore Avenue Hyattsville, Md. 20781



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME FIRST 2h HOUR (TYPE OR PRINT) ESTI-October DEATH MATED Jeffrey Allan Jones 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 12:47 LAST BIRTHDAY PRONOUNCED DEAD 2/19 85 Male Black. April 5, 1965 20 AM BIRTHPLACE ESTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Washington, D.C. United States DIVORCED WIDOWED Prince George's County Prince George's General Hospital Cheverly Private Computer Aide SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. NO L 9973 Campus Wa Largo 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MAIDDIE MIDDLE LAST FRED JONES JOSEPHINE SCOTT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Father **ADDRESS** Fred Jones- 9973 Campus Way So. Largo, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DEPARTMENT OF H YES X NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 11:56PM 10/1/ 1985 subject driver of auto/van collision TIE PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM FIC I STATE D WHILE WHILE AT WORK roadway Central Ave. & Shady Glen Dr. Cap. Hgts., Md. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER PATH WITH THE STA 228 I certify that I took charge of the remains described above, held on Autopsy Inspection Accident X death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 10/2/85 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) lll Penn St. 23a BURIAL CREMATION REMOVAL 23b DATE 23d. LOCATION Lincoln Memorial Cemetery Suitland, Burial 10/7/85 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 ALEXANDER S. POPE 2617 Pennsylvania Ave., S.E. (VR A15 ME (5))

STATE OF MARYLAND

	A	dd.info.per F.H	H. 10/30/85 kam	STATE OF MARYLAND			
287158	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	2 9	3 9 1
5:5		CEASED NAME FIRST OR PRINT)  ZRE	NE V	Joyce		CT. 8 8	
ge 4 ray	3. SE	×	Caucasian	5. DATE OF BIRTH  MONTH DAY YEAR  O 7 0 2	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	EAR # UNDER 24 HRS
nerol dire	7a. B	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRYS		B BALTIMORE CITY O	R COUNTY OF DEATH	
offer de by the further de within	10. C	LONGO	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUST	DOF BUSINESS OR
AND 2120	13a	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e.STREET ADDRESS	0.	0/15
mARYL mpletely and 2 ch	14 F	ATHER'S NAME FIRST FOLIO Rd	MIDDLE Jenni	15. MOTHER'S MAIDEN N. FIRST Cather	-ine MIDDLE		rahaM
m ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? LAL SOCIAL SEC 212-743	87419 Carper	nath ab	1340	brookly.
Tr. British		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), or ED BY: ATE CAUSE (o)	foilure			POXIMATE INTERVAL FEN ONSET AND DEATH
W. PRESTON:		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PRO	render un	horis	10	years.
RDS, 201	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN PART	T Iro
he low range on.  hos bee t permit the prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
OF VIII. ICIAN I g physics errificote rol-tronsi		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The low requir offending physician.  ther this certificate has been sign as the buriol-tronsit permit. Then th and Mental Hygiene prior to b  orkedue literal.	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY   AT HOME STREET, FACTORY, OFFICE,	FARM_ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIA PECTOR A ed for use ed for use of Health		sow the deceased alive a	ortol) ottended the deceased from,  n  OCT 6  19  oot) view the body olter death.	ond that in my aur) opinion	, .0		
HOSPITAL OR med by the P FUNERAL DIR uid be detoch the Store Del ORTANT: # #		THE PHYSICIAN'S NAME (1986	Juho	ATTENDING PHYSICIAN	MEDICAL STA	FF IO	18181
TO HOSPITA retoined by TO FUNERA should be di with the Stot	730	NELSON O		NAME OF CEMETERY OR CREMATORY	PERIOR CA	NE BOW	VIE, Md.
BP		Burial UNERAL DIRECTOR	Oct 11 1985 R	esurrection Cemete	CITY OF TOWN	, Maryland	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		eall Fine	ADDRESS	nnapolis Road 250 DA		1230. REGISTRAK S SIGI	



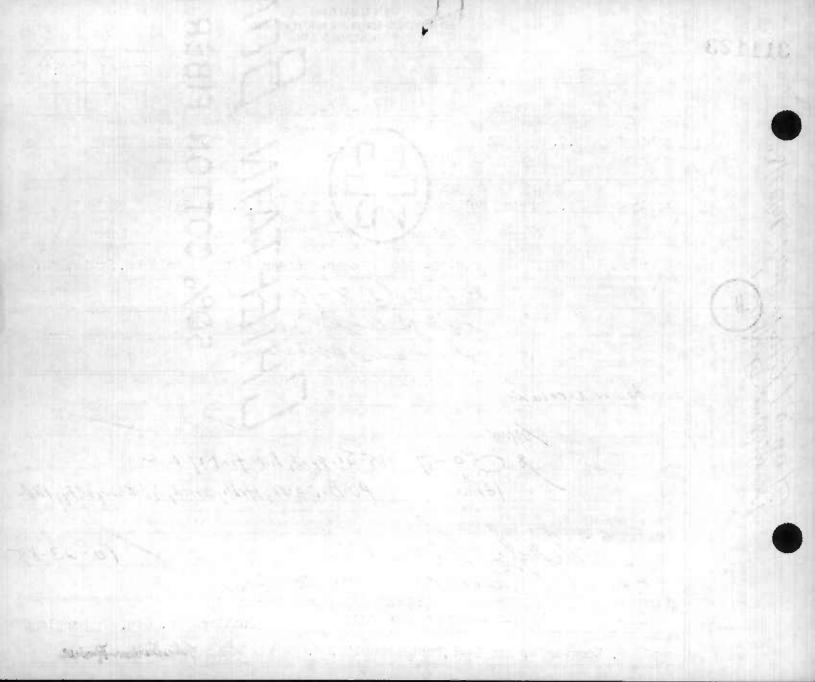
#### STATE OF MARYLAND DEPASSMENT OF HEALTH AND MENTAL HYGIENE

3111	23		1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	6 7	6.3	7
CLL				CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEA		HOUR
y be	eot			HEI	MAN	F.	KAISE	R			10	21 85	5   1	.0:20 <sub>M</sub>
De o	ter o		3. SE	(		4 RACE	472.4	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y		NDER 24 HRS
ge ge	S	/	13	Male	3100	White:		11		65	YRS	WOINING D	AYS HOL	MIN.
Po P	Po /4	1		RTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF		ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEAT	Н	
eoth oro	10 70	/		shington.	D.C.	/ USA		WIDOWE			EODCEC	COLINE	TV	MD
Solos Souther to	filed with	6	10 CI	TY OR TOWN OF DEA					SPITAL	12d USUAL OCCUPA (TYPE OF WORK FOR MOS Salesman	ATION	12b. KIN	1D OF BU	SINESS OR
21 hou	hould be	35	13a S <b>N</b> a	AL RESIDENCE (IF NURS TATE ryland	13F ON	ITY	GIVE RESIDENCE 130 CITY OR HOLLYW	TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRES P.O. Box		206	36	
d with	and 2 s	80	1	THER'S NAME FIRST Erman		Joseph	Ka	iser	Mary Mary	Emma MIDDLE		Far	r	
The same	Pager	2		VAS DECEASED EVER VES NO OR UNKNOWN) YES		MED FORCES? EWAR OR DATES)		SECURITY NO. 2-1369	Robert Kais		endale	La.,Bo		0715 , Md.
Sept.		1	>	Conditions, if any, gove rise to imm	'AS CAUSE IMMEDIAT which	D BY:	Kib	equip of	08-10 lication	with	٤	BETW	PROXIMATE FEN ONSET	JAVRSTVAL HTASQ QUA
	e mit Then please is e prior to buriol, crest signs injury, or either	7	IFICATION	cause (a), statin underlying cause PART 2 OTHER SIGN	g the lost.	cesis		10.7	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b IF YE	VEN IN PAR	NDINGS	
and of	e build-transit p d Mental Hygien for them 18 show	7	MEDICAL CERTIF	21g, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIN 21g. INJURY OCCURE	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	211. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	) Y	ES 🖯	N	STATE
O	or use on the of Health and It is morked	210	×	220.1 certify that (I) saw the decease	(this hospi	tal) attended th	e deceased fr	rom	PO BOC 34 	to	dote and ho	19		(I) (we) lost
PITAL OF AT by the houn	oe detoches Stote Design	0		22d PHYSICJAN'S NA	Mis	ndo	offer death		DEGREE ATTENDING PHYSICIAN		TAFF		ATE SIGN	
HOSPIT.	should be with the IMPORT			Edwar	of L	7 / /	riel		1 1/2	Hosp.				
2 € 2 BP	she		(	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	10-25	-1985		EMETERY OR CREMATORY Hill			COUNTY	Max	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Donald V. Borgwardt, box 34-B, Fort Republic, Md. 130 1985 Julie Skiller Republic, Md. 2007 Julie Registrar's signature



## STATE OF MARYLAND

DEPARTMEN

T OF HEALTH AND MENTAL HYGII ERTIFICATE OF DEATH	ENE 3 S	2	9	3 9	
LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	

	CEASED NAME FIRST		MIDDLE	LA	AST	20. DATE OF DEATH MONTH	H COAY TEAR 26 HOUR
	ETH	DOIL	RAINE		LEYE	10	12/02 O A
. SE	X	4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-	male	Caucas	ian	Jan,	20, 1924	61	YRS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
a	shington D.C.	U.S.A.		WIDOWE		PRINCE GEO	ORGE"S M
B C	ITY OR TOWN OF DEATH		HOSPITAL, NU		R OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS O
h	everly			s Hospit	tal	Housewife	Own Home
30 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	130 CITY OR		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
a		G.	Bladen		YES NO		Apt. # 7, 207
F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
			Flahert		Catherine	Eleanor	Kidd
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL	SECURITY NO.		TER 2408 57th	
O	(IF YES,	CHE WAR OK DATES)	577-26	1680	Joan DePriest		e. Nd., 20785
	18 CAUSE OF DEATH   Enter	only one couse per	7				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	ISED BY	rono	hopre	mores		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)_	R AS A CONSI	nchoge	vie cour	ong-oflen	}
FICALION	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	ONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERM	INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, O   Ic)	ONTRIBUTING	EQUENCE OF	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, O  IC)  IT CONDITIONS CO  IPB COND  Plb. TIME CODEATH	ONTRIBUTING	EQUENCE OF	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	gove rise to immediate couse 101, storing the underlying couse lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED	DUE TO, O  10 DUE TO, O  10 CONDITIONS CI  19b COND	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH	EOUENCE OF  TO DEATH BUT HICH OPERATION  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
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	gove rise to immediate couse oil, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ITHER NOTIFY MEDICAL EXAMINE AT WORK  270.1 certify that (I) (this had sow the decarded olive above, (I) (we) (dib) (idd)	DUE TO, O  IC CONDITIONS CI  IT CONDITIONS CI  IPB COND	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MODITH  M.  OF INJURY  REEL FACTOR OF	EQUENCE OF  TO DEATH BUT IN  HICH OPERATION  DAY YEAR  19  FICE FARM ETC.)	211 LOCATION SIREET  19 4 thot in (my) (mm) apinion of	206 AUTOPSY? 206. YES NO PROPERTY NO PROPE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  19 that (II (we) loid hour and from the causes stated
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	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED  WHILE ALWORK ALWORK  220.1 certify that (I) (this had sow the decoasted alive above, (I) (we) (did) (did  22b. SIGNATU	DUE TO, O  ICONDITIONS CI  I CONDITIONS CI  I 9b COND	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REEL FACTOR OF OR DECENSED TO	EOUENCE OF  TO DEATH BUT IN HICH OPERATION  DAY YEAR 19  FICE FARM ETC.)  Om	216 HOW INJURY OCCURR 211 LOCATION 518EET  4 that in (my) (as ) apinion of PHYSICIAN 222 ADDRESS	200 AUTOPSY?  YES NOTE  NOTE  OF THE PROPERTY	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  19 19 that (I) (we) load hour and from the causes stated  22c DATE SIGNED  22f DATE SIGNED

DHMH - 16 60M 7/84

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(VRA 15, 4)

Thanks Caucasian Jan. 20, 1824 61

"Ashington ... I... x

Cheverly Uines Hoore a Hospital Louestife Cam Hose

"Erriani C.C. Jadensburg x 4310 57th 've., int. 8 7, 20710

"Laberty Catherine Leanor Ridd

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urlal 10/20/85 oder Hill emotery Suitland D.G. Maryland rancis gaschis Sons Eucarel Home, T.:
4730 Exitisors Ave. Evaluatile, Int. 2078)

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

DHMH - 16 60M 7/84

(VRA 15, 4)

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	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARY IEALTH ANI ICATE OF	MENTAL HYGI	0 3	2 EG. NO.	9 4	0 0
		CEASED NAME OR PRINT)	JOSE		WIDDLE CARTER		AST MBLE	SR.	20. DATE OF DEA		1-85	26 HOUR 12 00PM
	3 SEX	Male		4 RACE White		5. DATE C		YEAR	AGE INVEARSE	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
9	-	RTHPLACE (STATE OR F. COUNTRY)	ORE IGN	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOWE	D X NEVE	R MARRIED DIVORCED	BALTIMORE C	GEORGE		MD.
4	- (	TY OR TOWN OF DEA		PRINCE	GEORGE	IRSING HOME C			120 USUALOCC ITYPE OF WORK FOR Machin	MOST OF WORKING LIF		v t
5	Ma:	ryland	_	OTHER INSTITUTION	- 1	BEFORE ADMISSION) TOWN ict Ht	SYES X	NO 🗌	2105	RESS / ZIP CODE Burges:		747 e
2	)W	illiäm		nry		.mble	Pe	earl	MIE	DDLE	Cart	er
1		VAS DECEASED EVER YES NOOR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		2-8675	17 INFORA	na E Kir		Same	as #1	3
1	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAT	nediote g the lost	DUE TO, O	RAS A CONS PURIONISTING	EQUENCE OF	NOT RELAT			CONDITION GIV		NGS USED
7		218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW	INJURY OCCURRE	YES NO		S CART I OR PART 2)	NO []
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHAT WORK  22d. I certify that (1)	this hospi	tal) attended th	e deceased fr	om_10/16			to10			state that (we) last
/		sow the decreese obove, (I) (wo) (o 27b. SIGNATURE	dens	Ste	enter death	7	DEGREE MO 220 ADDR	ATTENDING PHYSICIAN ESS		STAFF HYSICIAN [	22c. DATE:	
	- 1	Burial, CREMATION,		23b. DATE 4Nov	1985	23c NAME OF C		Cemeter		itland	PG	state Md
	24 FU	UNERAL DIRECTOR NAME RODE: Fune:	t E	Wilhel ome	M ADDR	Šuitla	nd Mo	- 11 Mar /	REC'D. BY REGIS	TRAR 256 REGIST	RAR'S SIGNATI	URE

FIORES 

	STATE OF MARYL
OR	DED ADTMENT OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

294059	1	STATE REGISTRAR		DEI ANTI	CERTIFICATE OF		REG. NO.	in 7		0 1
boge 3		F OR BRINE	No.	ROLYN	KNICELEY		20 DATE OF DEATH M	ONTH DAY	YEAR 2	3 05AN
4 may	3 SI	Female	4 RACE Cau	casian	5. DATE OF BIRTH	1920	6 AGE (IN YEARS LAST BIRTHI	YRS IF UN		HOURS MIN
articles of the second of the	7a E	IRTHPLACE (STATE OR FORE	76 CITIZEN OF USA	WHAT COUNTRY?	8. MARRIEDXX NEVER WIDOWED D	AAADDIED	PRINCE GEOR			MD.
to the to	10 0	CHEVERLY			G HOME OR OTHER INS ENERAL HOSE		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Housewife	NORKING LIFE)	NOUSTRY home	BUSINESS OR
24 hay	13a.	Md.	home or other institution b COUNTY  P.G.	GIVE RESIDENCE BEFORE 13c CITY OR TOWN  Laurel	YES T	NO X	3. STREET ADDRESS / 234 Spring		South	20703
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FUNERAL

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83	NA NA	16a V	VAS DECEASED EVER IN U.S	ARMED FORC			AL SECURITY		7 INFORMAN	T		ADDRESS				
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> Amital Land and American St. 100 Co. Section St. Capteol Juneral Service Falls Church, Virginia

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by the fi	CI	ITY OR TOWN OF DEATH	SOUTH	HOSPITAL, NURSIN CHEACILITY GIVE STREET IRN MARYLA		OR OTHER INSTITUTION OSPITAL CENTER	(TYPE OF WORK FOR MOST ( Retired		126 KIND OF EINDUSTRY Fed. G	
y filled in hould be	Ma Ma	ryland Pr	George	Camp Spr	ings	13d INSIDE CITY LIMITS? YES NO [	5203 Spri	ngwood	Dr. 207	48
ompletel l ond 2 s		ATHER'S NAME FIRST Manus	WIDDLE	Lanier		15. MOTHER'S MAIDEN NAV	MIDDLE		Вівь	
S. Pages medica	160.		ARMED FORCES? GIVE WAR OR DATES)	215-01-3		Ethel H. Lan	iler same	as item	13	
physicie an paper emaval.		18 CAUSE OF DEATH Ente PART I. DEATH WAS CAI	only one couse pe USED BY. DIATE CAUSE (o).	a line for in the one	9	ys cardial.	infarction		APPROXIMA BETWEEN ONS	TE INTERVAL BY AND DEATH
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thas be in permit piene prior	CERTIFICATION	190 DATE OF OPERATION	Mb. COND		PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING	S USED DEATH?
certificate rial-frons ental Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	OR PART 2)	
frer this os the bu h and M	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET_FACTORY, OFFICE, FA	RM. ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
ECTOR: A rd for use of the old m 21 is ma		220.1 certify that (1) (this has sow the deceased alive above, (1) (wa) (did) (did)	on_ OC	7 4 19 8		d that in (my) (our) apinion of	death occurred on the d	25 <sup>±</sup> , 19 ote and hour o	nd from the cou	
ERAL DIR		226 SIGNATURE	Jan for	e Join	. /		MEDICAL STA	FF CIAN [	10/2	5/85
retoined by tretoined by to FUNERAL should be deel with the Store		Dr. S. Sanfo	rd Young,			11701 Living	ston Rd. F	t. Wash	ington,	Md.
3P	23a	BURIAL, CREMATION, REMOVE BURIAL	23b. DATE 10/28			ill Cemetery	23d LOCATION CITY OR TOWN Suitle	and	OUNTY P.G.	STATE Md.
MH - 16 50M 1/B1 (VRA 15, 4)		P. Kalas 6160	Oxon Hil	1 Rd. Oxo	n Hil	1, Md. 250 DATE	REC'D. BY REGISTRAR	256 REGISTRA		

STATE OF MARYLAND

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urlal 10/28/85 Seder Hill Senetery uitland F.G. 16.

C. . Miss of 60 Oxon Hill Rd. (xen Hill, Me.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR 1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

1	(1)		13	2.2
2	7	6.3	U	day
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		REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO	Graph .		
		CEASED NAME FIRST	٨	MDDLE	L	AST	20 DATE OF DEATH	HIMON	DAY YEAR	26 HOUR
201	(ITPE	Leona			Lan	zalotta	1	0-25	-85	10:55
	3 SE		RACE	Un	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	R IF UNDER 24 HRS
11			White		June	4,1905 YEAR	81	YRS.	MONTHS DAYS	HOURS MIN
		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
			ISA		WIDOWE		Prince Geo	rae	2.1	MD.
V			. NAME OF H	OSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION	N	12b. KIND	OF BUSINESS OR
	Su	itland	4427	Arnold 1	Road	#201	Clerk		C &	P Phone
		AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	207	
E	Ma	aryland PR Ge	orge	Suitlar	nd	YES NO	4427 Arno	ld R	oad	#201
10	14 FA	ATHER'S NAME FIRST MID	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		4	AST
26		Silas C		Mayhugh		Maude	M	T	Butle	
100	_	WAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECU		17. INFORMANT	ADDRES			
		YES NO OR UNKNOWN) (IF YES, GIVE W		E77 01	1500	Torono Doro	4407			and, MD
/	_	NO		577-01-	T272	Irene Rop	er 4427 1	arno.		AXXX
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED &	BY:	respira	1	talure				NONSET AND DEATH
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	- 3	Canditians, if any, which gave rise to immediate	(p)	or contract	our	म्या पाय पान	Car of 10th		10 "	rau
		cause (a), stating the	DUE TO, OF	AS A CONSEQUE	NCE OF		0 ()			
		underlying cause last	(c)							
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIV	EN IN PART	Iro
	O									
7.	CERTIFICATION	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FIND	
7	F	Section of the state of the	DIA TO				YES TO NOT		YING CAUSE S 🗍	S OF DEATH?
1	ERI	716. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY		21c HOW INJURY OCCUR				
11	-	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR		The Africa Miner of Myon			
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P./		19					
/	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
		220.1 certify that (1) (this haspital	) attended the	adeceased from		3/20 10 85	10 /0/	15	10 01	. that (I) (we) last
		saw the deceased alive an		19 d	PJ a	nd that in (my) (aur) apinian	death occurred on the do	le and have	and from the	
		abaye. (I) (we) (did) (did not) y	view the hade	ofter death	, 01	in that in this too, to bringing	acom occurred on the do	C 3110 1100	ond from th	c conses signed

BP DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for with the State Dept of

IMPORTANT.

236 DATE

22e ADDRESS

DEGREE

MEDICAL STAFF

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Suitland Md' Burial 280ct1985

Funeral Home

Suitland, Md

ATTENDING PHYSICIAN

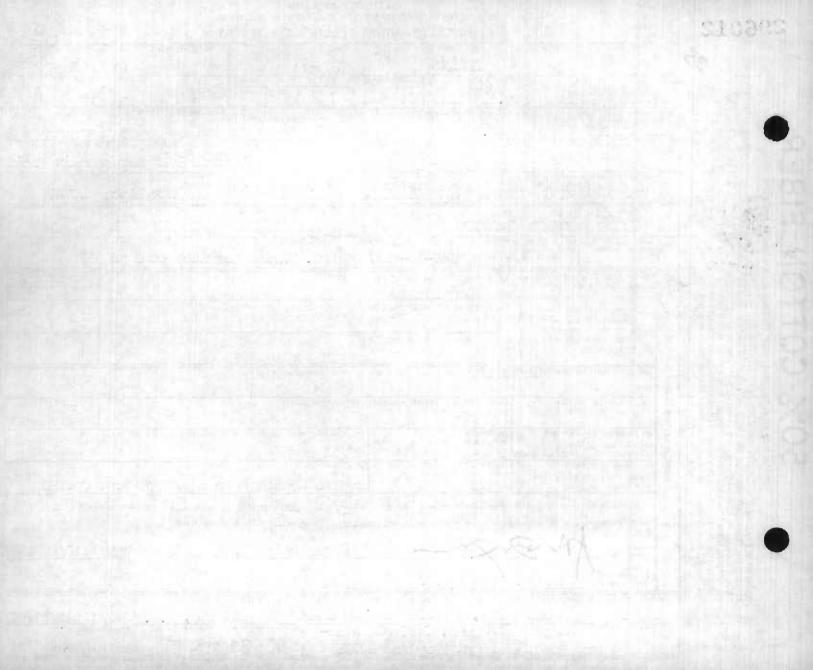
Cemetery

22c. DATE SIGNED

National 1256 DATE RECTO FUNERAL DIRECTOR DET E Wilhelm

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Koperi ESTI-DEATH MATED IF UNDER 24 HRS d HOUR LAST BIRTHDAY) 30,1930 Dec. TO BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. S.C. DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME Cheverly 30 STATE 136 COUNTY 4205 Lanham P.G. Md. 91st 1. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Moore Lucille Leak, Sr. Robert The WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) Rosa B. Leak-Same as # 13 above Korea Yes CAUSE OF DEATH (Enter only one coult otic Cardio Vasoular des PART I DEATH WAS CAUSED BY: AND MENTAL HYG Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A I CERTIFICATION 190 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES DEPARTMENT OF PRIOR TO BUR 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE CENTIFICATE, IN PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STINGORE, MARYLAND, 2 22a I certify that I taak charge of the remains described obave, held an Autopsy Accident Suicide Homicide Undetermined manner death resulted fram: Notural causes noult 07/84 BP. 25M 24 FUNERAL DIRECTOR **DHMH** - 17 H. S. WASHINGTON + SONS 4921 BURKOUGHS AVE, N.ED (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 296012 - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-**EDWARD** DEATH MATED George Leavitt 10 17 19 85 4 RACE & AGE (IN YEARS IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAYS RONOUNCED 7:30P Nov. 12, 1920 MALE WHITE 64 DEAD 17 1985 7b. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY NEW JERSEY US.A DIVORCED Prince George's County, WIDOWED 12a USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFF!
Electrical Engeer Bendix Field Largo Watkins Regional Park COUNTY 13c CITY OR TOWN 20748 MARYLAND PRINCE GEORGE TEMPLE HILLS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LEAVITT KATHARYN WHITNEY WELLS **GEORGE EDWARD** 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 140-10-8137 Mrs. Vivian Leavitt, same as #13 NO 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 10 1719 85 CONTRIBUTING CAUSE OF DEATH Subject hanged self TIE PLACE OF INJURY (AT HOME. 211 LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK TO MEDICAL EXAMINEE: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEALTH, WITH THE STATE BALTIMORE, MARYLAND, 2120 park Watkins Regional Park, Largo, P.G. CO., MD Inspection X 22a I certify that I taak charge of the remains described above, held an and in my apinian Undetermined manner Notural causes TITLE (SPECIFY) DATE Assistant 10/18/85 SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL October 22,85 RESURRECTION CEMETERY CLINTON, P.G., CLINTON, MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE LEE FUNERAL HOME, 6633 Old Alex-**DHMH - 17** who Sandson-Randalle ander Ferry Road, Clinton, Maryland 20735 (VR A15 ME (5))



FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 29407

		REGISTRAR				CERTIN	ICAIL OI DEATH	REG. NO.					
	LOE	CEASED NAME	FIRST	WIDDLE			AST	20 DATE OF DEATH MONTH DAY YEAR 26 HE					
	3411	OR PRINT) Patric	ia	Alberta			oor	October 1	35	5:32 A			
	2. SEX	Female RACE Cau			Lan	June	21, 1933	6. AGE (IN YEARS LAST BIRT	UNDER LYEAR	HOURS MIN.			
7		RTHPLACE (STATE OR FI COUNTRY) Ashington,	EN OF W	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prince Ge	M					
0		adensburg					Apt. 105W	120 USUAL OCCUPATE (149E OF WORK FOR MOST OF Housewife			f BUSINESS OR Iome		
2	13a S	AL RESIDENCE (IF NURSI STATE 1ryland	NG HOME OR OTHER INST 13b COUNTY P.G.	1	SIVE RESIDENCE BEFORE 134 CITY OR TOWN Bladensbu	4	13d INSIDE CITY LIMITS? YES X NO	3801 Kenil	ZIP CODE Worth	Ave.,	0710 Apt.105		
Z	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA			LAST			
	Co	ornelius	Paul		DeBruyn		Emma	Florence		Way			
П		VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	Sr. ADDRE	55				
	No	ES NO OR UNKNOWN)	(IF YES, GIVE WAR OR D	579-48-3521			James A. Loc	Same	ne as Line 13				
		8 CAUSE OF DEATH PART I. DEATH W.	IEnter only one co AS CAUSED BY: IMMEDIATE CAUSE		ine far (a), (b), and	-	MYO CHRU	IAI INFA	RSTIL		MATE INTERVAL DISET AND DEATH		
		Canditions, if ony, gave rise to imm cause (o), stating underlying couse  PART 2 OTHER SIGN	ediate g the lost	(c)	AS A CONSEQUE	NCE OF	MOT RELATED TO THE TERM						
	S S	DIADETIS MELLITUS											
3	CERTIFICATION	196 DATE OF OPERATION 196 COND			ION FOR WHICH	OPERATIO	ATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WE				ERE FINDINGS USED G CAUSES OF DEATH? NO [		
1	36770	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH HO		INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	ELIORPART2}			
	MEDICAL	214 INJURY OCCURR	LE [AT H		OF INJURY ET, FACTORY OFFICE, FA	RM ETC.)	211 LOCATION STREET	CITY OR FO	VN	COUNTY	STATE		
		22a I certify that (I) sow the decease above, (I) (		- 2	19 8	3, 0	nd that in (my) (and apinion	eoth accurred an the do	ite and hour	ond from the	that (I) (we) last couses stated		
1		226 SIGNAL HE	gyar	n	7 W	D		X MEDICAL STAF ] DIRECTOR ☐ PHYSIC	F IAN []	10-16	SIGNED 6-1985		
1		Joseph K.					6510 Kenilwo	rth Ave., #	1400,	Riverda	ale, Md		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 23b D

Burial Oc

236 DATE 236 NAME OF CEMETERY OF CREMATORY
Oct.19,1985 Fort Lincoln Cemetery

23d LOCATION
CITY OR TOWN
Brentwood

P°

P.G. Maryland

ERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland OCT 22 185

Inch sulfament

bunfered to the loss of the death control and the day of the day

To Sandy a Conc . H. T. S. Street Level Level at Smot at Spice . T.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

10	-	-		34.	-	
5	2	9	20	0	3	
					-	

Female  70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  Pennsylvania  10. CITY OR TOWN OF DEATH  Lanham  USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE  MARYLAND  14. FATHER'S NAME FIRST  FIRST  UNK.  160. WAS DECEASED EVER IN U.S. ARMED IYES NO OR UNKNOWN IN 16 YES GIVE WAIT NO  18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART I. DEATH WAS CAUSED BY 150 YES ON THE PART IN	DIE BATONICES 166 SOCIAL SE AR OR DATES 169 SOCIAL SE AR OR DATES 169 SOCIAL SE AR OR DATES 169 SOCIAL SE 169 SOCI	S. DATE OF MONTH AUG.  RY? 8 MARRIED WIDOWED SING HOME OF SET ADDRESS)  I tal of FORE ADMISSION)  OWN  LES  CURITY NO.  5277  OUENCE OF OUENCE OF	29, 1894  NEVER MARRIED DIVORCED X  ROTHER INSTITUTION	Prince Geo  120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C Self-emplo  130 STREET ADDRESS 3620 Maroo  MIDDLE  3620	1985 PROUNTY COUNTY COU	DF DEATH County 126 KIND O INDUSTRY Beaut  2071  (AS un) Lane land	5
Female  Jo BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  Pennsylvania  III CITY OR TOWN OF DEATH Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHE 130 STATE 131 COUNTY  Maryland IF FATHER'S NAME FIRST UNK.  180 WAS DECEASED EVER IN U.S. ARMED 175 NOOR UNKNOWN! 18 YES GIVE WAI 18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE BY IMEDIATE BY IMMEDIATE BY IMMEDIATE BY IMMEDIATE BY IMMEDIATE BY IMM	CITIZEN OF WHAT COUNTR  USA  NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE SIX OCTOT'S HOSPI  BER INSTITUTION GIVE RESIDENCE BEF  DER BOWIE  DER LAST  BAT  DER COUSE PER INSTITUTION GIVE RESIDENCE BEF  LAST  BAT  DER COUSE PER INSTITUTION (b	S. DATE OF MONTH AUG.  RY? 8 MARRIED WIDOWED SING HOME OF SET ADDRESS)  I tal of FORE ADMISSION)  OWN  LES  CURITY NO.  5277  OUENCE OF OUENCE OF	29, 1894  DI NEVER MARRIED DI DINORCED X  ROTHER INSTITUTION  P.G. County  13d INSIDE CITY LIMITS?  YES X NO DISTINUTE TO THE STATE TO	91 9 BALTIMORE CITY C X Prince Geo 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C Self-emplo 13a STREET ADDRESS 3620 Maroo NAME ADDRE 3620	YRS  PR COUNTY C  TRE®  SON  ON  OF WORKING LIFE  YEA  ZIP CODE  Tane  SSS  Maroon	DEFEATH County 126 KIND O INDUSTRY Beaut 2071 LAS unl	F BUSINESS OI
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BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania CITY OR TOWN OF DEATH  Lanham  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTATE  MARYLAND PATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED (YES NOOR DUNKNOWN)  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE BY IMMEDIATE CAUSED BY IMMEDIATE BY	USA  NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STR  OCTOT'S HOSPI  OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STR  OCTOT'S HOSPI  OF BOULE  LAST  DEBUTE  DEBUTE  AR OR DATES)  AR OR DATES)  DUE TO, OR AS A CONSECTION  OUE TO, OR AS A CO	Aug.  RY? 8 MARRIED WIDOWED  RISING HOME OF REET ADDRESS)  I tal of FORE ADMISSION  OWN  COUNTY NO.  SECURITY NO.  GUENCE OF  QUENCE OF	29, 1894  DIVORCED X  ROTHER INSTITUTION  P.G. County  13d INSIDE CITY LIMITS?  YES [X NO]  15 MOTHER'S MAIDEN N  FIRST  Eliza  17 INFORMANT  Jack B. Low  Candid	Prince Geo  12a USUAL OCCUPATI 11 TYPE OF WORK FOR MOSTO Self-emplo  13a STREET ADDRESS 3620 Maroo NAME ADDRE  ADDRE 3620	PRECOUNTY C PRECION TO SERVING LIFE S PRECION TABLE  SSS MAROON	County  12b. KIND O INDUSTRY  Beaut:  2071  (AS un)  Lane land	MATERIAL PROPERTY OF THE PROPE
Pennsylvania  CITY OR TOWN OF DEATH  Lanham  SUAL RESIDENCE (IF NURSING HOME OR OTHER STATE  13b COUNTY  Maryland  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED ITES NO RUNKNOWNI  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA  Conditions, if ony, which gove rise to immediate couse (o. storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	USA  NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STR  OCTO'S HOSPI  BER INSTITUTION GIVE RESIDENCE BER  BOYICE  DE LAST  BAT  D FORCES?  AR OR DAIES)  ALUSE (a)  DUE TO, OR AS A CONSECTION  LOSE   MARRIED WIDOWED  RESIDENCE OF  REET ADDRESS)  ITAL OF  FORE ADMISSION  OWN  CONTROL  OUENCE OF  QUENCE OF	DIVORCED X ROTHER INSTITUTION  P.G. County  13d INSIDE CITY LIMITS? YES X NO 1 15 MOTHER'S MAIDEN N FIRST  Eliza 17 INFORMANT  Jack B. Low  Cardial	Prince Geo  12a USUAL OCCUPATI 11 TYPE OF WORK FOR MOSTO Self-emplo  13a STREET ADDRESS 3620 Maroo NAME ADDRE  ADDRE 3620	rge 8 ON	County  12b. KIND O INDUSTRY  Beaut:  2071  (AS un)  Lane land	ician  5 k.	
CITY OR TOWN OF DEATH  Lanham  SUAL RESIDENCE (IF NURSING HOME OR OTHER IN STATE  MARYLAND  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED IYES NOOR UNKNOWN!  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA  Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	CAUSE (a)  DUE TO, OR AS A CONSECUED.  NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE SITE BOWLE  LAST  BAT  DEFORCES? AR OR DATES)  DUE TO, OR AS A CONSECUED.  LAST  LAST  BAT  DEFORCES? AR OR DATES)  DUE TO, OR AS A CONSECUED.  DUE TO, OR AS A CONSECUED.	WIDOWED RSING HOME OF REET ADDRESS)  Ital of FORE ADMISSION) OWN  LES ECURITY NO.  -5277  OND ICLI  QUENCE OF OUENCE OF	DIVORCED X ROTHER INSTITUTION  P.G. County  13d INSIDE CITY LIMITS? YES X NO 1 15 MOTHER'S MAIDEN N FIRST  Eliza 17 INFORMANT  Jack B. Low  Cardial	Prince Geo  120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C Self-emplo  130 STREET ADDRESS 3620 Maroo  MIDDLE  3620	on Seworking Life) yed / ZIP CODE n Lane	2071  Lane land	ician  5 k.
Lanham  SUAL RESIDENCE (IF NURSING MOME OR OTHER STATE  MARYLAND  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED  I	CIF NOT IN SUCH FACILITY, GIVE STR  OCTOR S HOSDI  HER INSTITUTION, GIVE RESIDENCE BEF  OFFICE BOWLE  DIE  LAST  BAT  D FORCES?  AR OR DAILES)  HE COUSE PER line for 101, (b. 19.19)  CAUSE (a)  DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  LECTOR OF AS A	REET ADDRESS)  Ital of  FORE ADMISSION)  OWN  LES  ECURITY NO.  5277  OND ICLI  QUENCE OF  QUENCE OF	P.G. County  13d INSIDE CITY LIMITS?  YES [X NO ]  15 MOTHER'S MAIDEN N FRS1  Eliza  17 INFORMANT  Jack B. Low  Candial	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Self-emplo 130 STREET ADDRESS 3620 Maroo MIDDLE 3620	on Seworking Life) yed / ZIP CODE n Lane	2071  Lane land	ician  5  k.
Lanham  JUAL RESIDENCE (IF NURSING HOME OR OTHE  MARYLAND  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED IYES NO BUNKNOWNI  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA  Conditions, if ony, which gove rise to immediate couse (o. stofing the underlying couse lost	DIE LAST BAT  DEFORCES? 166 SOCIAL SE AR OR DATES)  DUE TO, OR AS A CONSECUTED  DUE TO, OR AS A CONSECUTED  DUE TO, OR AS A CONSECUTED  LAST  BAT  DEFORCES? 166 SOCIAL SE  LAST  BAT  DUE TO, OR AS A CONSECUTED  DUE TO, OR AS A CONSECUTED  LAST  BAT  LAST  BAT  DUE TO, OR AS A CONSECUTED  LAST  BAT  LAST  BAT  DUE TO, OR AS A CONSECUTED  LAST  BAT  LAST  BAT  DUE TO, OR AS A CONSECUTED  LAST  BAT  LAST  BAT  LAST  BAT  LAST  BAT  LAST  BAT  BAT  LAST  BAT  BAT  LAST  BAT  BAT  LAST  BAT  BAT  LAST  BAT  BAT  BAT  BAT  BAT  BAT  BAT	tes ECURITY NO5277 QUENCE OF QUENCE OF	13d INSIDE CITY LIMITS? YES [X NO ] 15 MOTHER'S MAIDEN N FIRST  Eliza 17 INFORMANT  Jack B. Low  Cardial	Self-emplo  130 STREET ADDRESS 3620 Maroo  NAME  ADDRE  3620	yed / ZIP CODE n Lane  SS Maroon	2071	5 k. 20715
TATE 136 COUNTY  MARYLAND PR GOOT  FATHER'S NAME FIRST MODE  WAS DECEASED EVER IN U.S. ARMED 1985 NO DR UNKNOWN 1 19 VES GIVE WAI NO	DIE BATONICES 166 SOCIAL SE AR OR DATES 169 SOCIAL SE AR OR DATES 169 SOCIAL SE AR OR DATES 169 SOCIAL SE 169 SOCI	CURITY NO.  -5277  OND IC IN THE PROPERTY OF T	YES X NO 1 15 MOTHER'S MAIDEN N FRS1  Eliza  17 INFORMANT  Jack B. Low  Cardial	3620 MBTOO MBTOO MIDDLE 3620	n Lane	2071 unl Lane	5 k. 20715
FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED  IYES NO OR UNKNOWN!  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA  Conditions, if ony, which gove rise to immediate couse (o. stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	DIE LAST  Bat  D FORCES? 166 SOCIAL SE  AR OR DATES) 484-16-  One couse per line for 101, (b., Y:  CAUSE (a) CONSECUTE  DUE TO, OR AS A CONSECUTE  DUE TO, OR AS A CONSECUTE  (c) CONSECUT	COURTY NO.	YES X NO 1 15 MOTHER'S MAIDEN N FRS1  Eliza  17 INFORMANT  Jack B. Low  Cardial	3620 MBTOO MBTOO MIDDLE 3620	n Lane	Lane	k. 20715
FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED LYES NO OR UNKNOWN!  18 CAUSE OF DEATH (Enter only or PART I, DEATH WAS CAUSED BY IMMEDIATE CA  Conditions, if ony, which gove rise to immediate couse (o., stofing the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	DIE  Bat D FORCES? AR OR DATES)  484-16-  DIE COUSE per line for 101, (b., Y: AUSE (a)  DUE TO, OR AS A CONSECUE  (c)  Constant Service Servic	COLENCE OF	Eliza 17 INFORMANT  Jack B. Low  cardral	MIDDLE MIDDLE	SS Maroon	Lane	k. 20715
WAS DECEASED EVER IN U.S. ARMED  I WAS DECEASED EVER IN U.S. ARMED  I WES NO DR UNKNOWN!  I WE VES GIVE WAI  IND  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CO  Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	D FORCES? 166 SOCIAL SE 484-16-  one couse per line for 101, (b., Y: AUSE (a) Conduction  DUE TO, OR AS A CONSECUENT (c) Conduction  (c) Conduction	-5277  OND TO THE TOTAL OF THE	Eliza 17 INFORMANT  Jack B. Low  an artory  candual	3620	Maroon	unl Lane land	k. 20715
WAS DECEASED EVER IN U.S. ARMED IYES NO DE UNKNOWN	D FORCES?  AR OR DATES)  484-16-  Sine couse per line for 101, (b., Y.;  AUSE (a)  DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  (c)	-5277  OND TO THE TOTAL OF THE	Jack B. Low Jack B. Low cardial	3620	Maroon	Lane land	20715
18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSE (I.G., Stofing the Underlying couse lost.)  PART 2. OTHER SIGNIFICANT CON.	- 484-16- pine couse per line for io1, (b., Y: AUSE (a) C A A CONSEC (b) DUE TO, OR AS A CONSEC (c) C A A	QUENCE OF	cardial			land	
18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSED BY IMMEDIATE CAUSE IO., stoffing the underlying couse lost	DUE TO, OR AS A CONSEC	QUENCE OF	cardial	myarcter	~		
Conditions, if ony, which gove rise to immediate couse to, storting the underlying couse lost  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSECUTOR OF AS	OUENCE OF OUENCE OF		mharcterio		BETWEEN	ONSET AND DEAT
	196 CONDITION FOR WHI	ICH OPERATION	Cen	280 AUTOPSY?	20b. IF YES.	WERE FINDIN	√GS USED
				YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	0 100
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M.	19					
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	CE FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220 I certify that (I) (this haspital) a sow the deceased alive on above, (1) (we) (did) (did not) vie	ottended the deceosed from		d that in (my) (our) opinion	on death occurred on the d	ote and hour	ond from the	that (I) (we) lo
226 SIGNATURE	276 SIGNATURE DEGREE						SIGNED
mac a. Beth m.D. ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN							-19-8
	220 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 14300 GALLANT						
MARC A.	GETKA,	M.D.				715	
	23b. DATE 23	3c NAME OF CE	METERY OR CREMATOR	Y 234 LOCATION			STATE
Burial (					ville.	Anne	Arundel

DHMH - 16 60M 7/84 (VRA 15, 4)

16 4681 .62 .32A ninta royald ig Frince George's County ABU simpyiyampel Postor's Hospital of F.G. County Self-omployed Punctician Lancen Marginan Ir George's Bowle & 3629 Maroon Lane 20115 edi. adal . MERLE . 1 1 13 Just Core, Obas to4-16-5277 Jock P. Lower Bouts, Maryland 20/11

In the court

Oct 22, 195 Lakeront Mem. Orround Layidse Annu Arandel. Feet Functions Fowls, No 20715-3033 | DOT 2.2 288

Male

TO BIRTHPLACE (STATE OR FOREIGN

Washington DC

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HO 13a. STATE 13b. C

William

Yes no or unknown)

In WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if any, which cause (a), stating the

underlying cause last

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

WHILE NOT WHILE

230 BURIAL CREMATION REMOVAL

Burial

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Clinton

Maryland

14. FATHER'S NAME

William

4 RACE

Russell

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (0)\_

Jay

White

76 CITIZEN OF WHAT COUNTRY?

OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Pr George Suitland

USA

(TYPE OR PRINT)

3. SEX

5 DATE OF BIRTH

MONTH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Lowery

166 SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Southern Maryland Hospital

Lowery, Sr.

April 19 1922

MARRIED NEVER MARRIED

17 INFORMANT

13d. INSIDE CITY LIMITS?

NO [

Zora

WIDOWED DIVORCED

Prince George,s 176 KIND OF BUSINESS OR

TYPE OF WORK FOR MOST OF WORKING LIFE

20747 136 STREET ADDRESS / ZIP CODE 5703 Rupert Avenue

15. MOTHER'S MAIDEN NAME

63

Engineer

Bell Perry

ADD Bethel Park Pa 577 22 8971William J Lowery, Jr 108 Logan Road

Amyotrophic Lateral Sclerosis DUE TO, OR AS A CONSEQUENCE OF Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)

NOF

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

200 AUTOPSY?

21f. LOCATION

CITY OR TOWN

COUNTY STATE

220 I certify that (I) (this hospital) attended the deceased from December 1,3 1983to , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

310ct 1985 Cedar Hill Cemetery

PHYSICIAN ADIRECTOR PHYSICIAN

22c. DATH SIGNE

22e ADDRESS

5618 St. Barnabas Rd. Oxon Hill, Md.

23c NAME OF CEMETERY OR CREMATORY

Suitland Maryland

14 FUNERAL DIRECTOROBERT E Wilhelm Funeral Home Suitland Maryland

R. A. McConnaughy, M.D.

216. TIME OF INJURY

71e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

DHMH - 16 50M 4/83 (VRA 15, 4)

9013 Annapolis Rd. Lanham, Md. 20706

(VR A 15 (4))

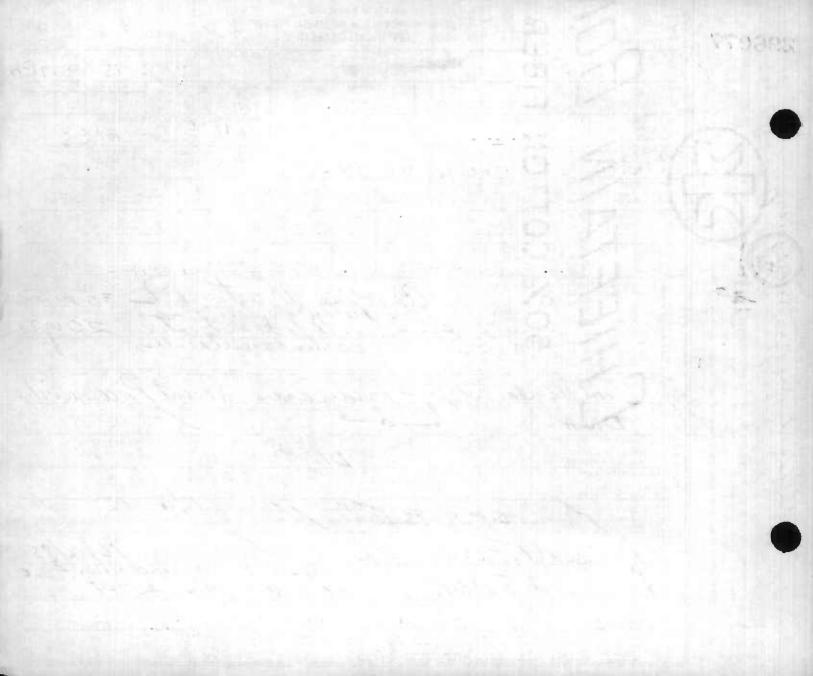
STATE OF MARYLAND

TO STOOM TO STATE STANDING AS A STANDING TO STAND THE STANDING TO STAND THE STANDING TO ST

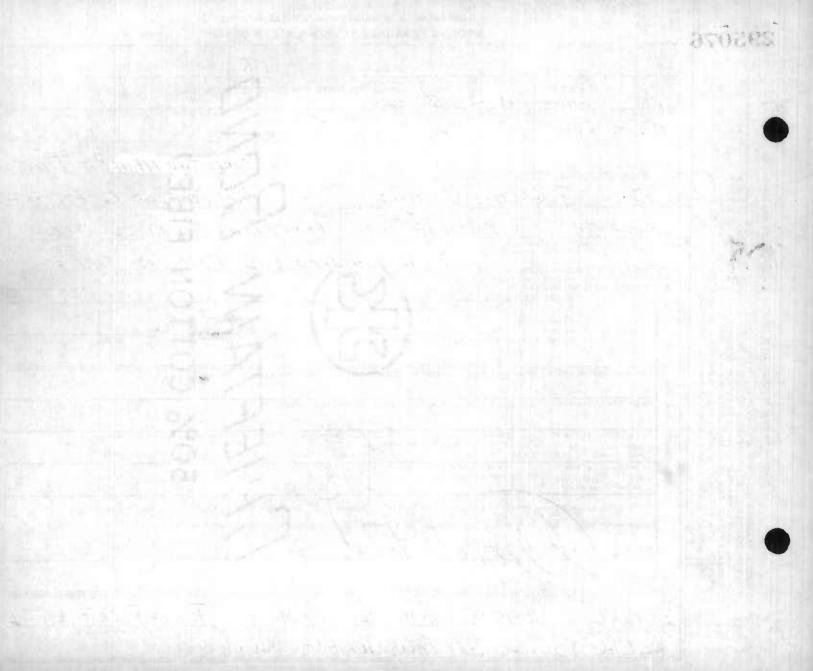
_	- 5	OR TATE			DEPARTMENT	OF HEALT		HYGIENE 85-	294	12	
9		EGISTRAR		WE		AINER'S	CERTIFICATE		REG. NO.		
		CR PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF	ESTI-	MONTH DAY YE	13:15
			Jack				upo	DEATH	MATED [		85 p. A
3.	. SEX	4 RA	CE	5. DATE OF BIRTH	YEAR 6 AGE	(IN YEARS IF U		R 24 HRS. 2c. DATE		ONTH DAY Y	AR THOU
4-	Ma		hite	July 10		YRS.		DEAD		10/17 19 1	
1	FOR	THPLACE (STATE OF		76. CITIZEN OF W	HAT COUNTRY?	8. MARE	RIED X NEVER MAR	RIED 9. BALTIM	ORE CITY OR	COUNTY OF DEATH	1
		shington,		U.S.			WED DIVOR	CED   Princ	ce Georg	ge's Coun	ty, ME
P	0. CI1	Y OR TOWN OF D	EATH		SPITAL, NURSING H		HER INSTITUTION	12a. USUAL OCCUP		WORK 12h. KIND OF	
-		everly		5822 Ca	arlyle St	reet		Owner			l Liquo
	JSUA 30. ST		113b COUNT		13c. CITY OR TO		1134 INSIDE CITY LIMITS?	13e STREET ADDRE	ss		
4	Ma	ryland	Prince	e George	's Chever	ly	YES E NO			treet (20°	785)
1	4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	DOLE	LAST	
1	A	lexande	r		Lupo		Freda			Hell	man
Ī	60. W	AS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS 1	Md. 20785	
L	,	Yes		/II	577-12-	5972	Dorothy 1	Lupo: 5822 (			neverly
r		18 CAUSE OF DE	ATH (Enter anly	ane cause per lin	e far (a), (b), and (c)	.)				APPROXI	MATE INTERVAL
Н		PARTIDEATH		BY: CAUSE (a) Z	Acute myo	cardial	l disease			BETWEEN	NOET AND DEATH
Т					R AS A CONSEQUE	NCE OF					
L		Conditions, if any, which gave rise to immediate (b) chronic myocardial disease									
T		cause (a) stati	ng the under-	< (**	AS A CONSEQUE						
Т		lying cause las	<u>sr.</u>	(c)							
Т		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION GIVEN IN I	PART 1 to			
1	O	Non	e								
1	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATION V	WAS PERFORMED?			20 AUTOF	SY?
1	TF	Non	e							YES [	NO TO
1	CER	210 EXTERNAL CA		21b. TIME O		YEAR 21c H	IOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)	214
		UNDERLYING CONTRIBUTING					None				
	MEDICAL	21d. INJURY OCCU	RRED		OF INJURY (AT HO	ME. 211. LC	CATION	CITY OR TO		COUNTY	STATE
ŀ	2	WHILE AT WORK	WORK	STREET, FAC	TORY, PARM, ETC.)		STREET	City Ok TO	VN.	COUNTY	STATE
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted fram: Natural causes									
-		death resulted fro	IIII: NOTUTO	Couses Wil,	Accident	Jouicide L	, Hamicide	Undetermined ma	nner [],		
		ACTUAL C	166	PI	16		A.D. Deputy			DATE 12/1	0/85
1		SIGNATURE	0		0	-	1919	Seminary F	Road	SIGNED	0,00
1		EXAMINED'S NAM	Joh	n S. Ro	ogers, M	.D.		er Spring:		ery Counts	7:Md
7	30. BL	RIAL CREMATION					OR CREMATORY	23d. LOCATION	- regalit	T COMITE	7124,
П	(5)	ECIFY)		10/20/05	Tradican	. M		CITY OR TOWN	hn taama	ery; Mary	STATE
2	24 FL	NERAL DIRECTOR	DANZANG	SKY-COT DE	BERG MEMOI	TAT C-	y 25e. DATE	REC'D BY REGISTRA	R PEGETE	ARS SIGNATURE	and
	11	70 Doolers	110 D41	TO DOOL	willo Ma	CHAL CH	APETBEC 1	3 960	Julia Devi	down forder	-
	1.1	AU KOCKT	LIE PI	CO. KUCKI	MA OLLO	7085	,				

OEC 13 EES John Survey Forten

STATE OF MARYLAND



DECARMENT OF HEATTH AND MENTAL HYGINE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  SECTION  DECARGO NAME  MUDICAL EXAMINER'S CERTIFICATE OF DEATH  SECTION  MIDDEL SECTION  MIDDE		/		FH 609	11/5/85	NIB			RYLAND					
PECATOR MANUAL PROPERTY AND AND THE PROPERTY OF THE PROPERTY O	-		11.	FOR	/	DE	PARTMENT OF H	HEALTH A	AND MENTAL HY	GIENE	0 0	3	1 1	
RUPETO  RUPETO  RUPETO  RUPETO  RAIGNAM   26	SOME	1	REGISTRAR		MEDI	<b>CALEXAMIN</b>	ER'S CE	RTIFICATE OF	DEATH	REG NO	7 -	-		
RUDENTO  SEX STATE OF CARE OF BRITH  AND CATE OF BR	~2	3000			FIRST	٨	NODLE	ŁA.	sť	Ze DATE	KNOWN N. M	ONTH DAY	YEAR 2	h HOUR
The parties of the pa		MATERIAL STATES	{TYP	_						OF	ESTI-			
The Britshace City of Country and Country		ASSER E	-					Ma				10 11		M
The property   The		MO. 5K	1.5E)								MC WC	INTH DAY		
The Betherace (state of the control	-	SESEX.	1					. I wonding	DATS	DEAD	)	10 11	19 85	8:001
Description   Prince George's County, Mode   Prince George's County, Mode   Prince George's General Hospital   Prince General	2	32-367		RTHPLACE (STATE OR			100	0	-	9 BALTIN	ORE CITY OR C			144
ID. CITY OR TOWN OF DEATH		品载公司集/	FO.	REIGN COUNTRY)	- 00	12 6	1							
Cheverly  Chevry  Cheverly  Chevry  Cheverly		255				0.0	·H·			1 4 411				MD
Check In State (Control of Control of Contro		E HRAS	IU CI	IY OR TOWN OF DEA				, OR OTHER	INSTITUTION	12a USUAL OCCU	PATION (TYPE OF V	VORK 12h KIN	IND OF BUSIL	NESS 1.
USUAL RESIDENCE OF PROMOTOR CONTRACTOR ACCORDING TO THE TENNING OF ACCORDING TO THE TENNING OF A CONTROL AND CATTOR TO THE TENNING OF A		ALA TO	Ch	everly				neral	Hospital	Correcti	on Offic	COT OF	CORRE	eTimo
N. FAMPER NAME   MODE   MALDONADO S.   MODES   MALDONADO S.   MISSA MENDE FORCES?   18. SOCIAL SECURITY NO.   19. MONTHS S. MADDENAME   MODES   MALDONADO S.   MISSA MENDE FORCES?   18. SOCIAL SECURITY NO.   17. MARCONADIA FORCES   18. MARCONADIA FORCES   1	-	2000						(MC				2/1/	20/2	-176
SAME	20	39E387	13a S	TALE Y	131 COUNTY	0-	3 CITY OR TOWN			2/7/ C.		001	D.	700
International Control   Inte	54	1 3 5 5 5 C		111.	1-6-6	0.	JOITLAND				1 / LAND	KD: N	PI	@ Z
The WAS DEEXED EVER IN U.S. ARMED FORCES?  YES  KOTEAN/VIETNAM 583/72/8339  ITMM  2 MALDONADO SAME ES  KOTEAN/VIETNAM 583	NO.	1 1 20 2 1 1	14. F/	THER'S NAME	MIDDI	IE A.	MEJIAS	1.	5. MOTHER'S MAIDEN	I NAME	AIDDLE		AST .	
The control of the property	w	38130	1	KUDERTO	)	MALD	ONADO S	2. P	nnie Ma	un B	ARRIER	A - C	2/ ON	
Yes Korean/Vietnam 583/72/8339 Irma    CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c))   PART 10 DEATH (MAS CAUSE OF)   Multiple injuries   Mult	19	DO Z	lán V	VAS DI CEASED EVER	IN U.S. ARMED FO	ORCES?	166. SOCIAL SECURITY	NO. 17	, INFORMANT		ADDRESS	77	no	
It CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   PART I DEATH WAS CAUSES (b)   Multiple injuries	/ /81	EXERCISE /	(4				502/72/02	00 1		- 11-1		Caus	135	
PARTIDEATH WAS CAUSED BY  Multiple injuries  Conditions, if ony, which gove rise to limmedicate couse (col stoling the underlying couse last.)  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DIRECT SHAPE SIGNIFICANT CONDITION, FOR AS A CONSEQUENCE OF  (c)  PART 2 DIRECT SHAPE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  10. EXTERNAL CAUSE WAS  UNDERTYING \$\frac{1}{2}\text{ ON OPERATION } \frac{1}{2}\text{ ON OPERATION } \frac{1}\text{ ON OPERATION } \frac{1}{2}\text{ ON OPERATION } \frac{1}\text{ ON OPERATION } \frac{1}\text{ ON OPERATION } \frac{1}\text{ ON OPERATION } \frac{1}\text{ ON OPERATION }	. IS	Speras /	-					ן פכ	Illia (O	- MIAZ	DONKPO	26116	1-2	
MANEDIATE CAUSE (o)   MULTIPLE INTUINES   DUE TO, OR AS A CONSEQUENCE OF	1	少野 100	17	18 CAUSE OF DEAT										
Conditions, if any, which gove rise to immediate coure (a) stoining the under-lying course lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATE BUT NOT RELEASED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.16.  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. EXTERNAL CAUSE WAS  UNDERLYING ON CONTRIBUTING TO GRATE BUT NOT RELEASED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.16.  198. EXTERNAL CAUSE WAS  UNDERLYING ON CONTRIBUTION TO PART 1.19.  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  198. TIME OF INJURY OCCURRED TO 1.19.  216. HOW INJURY OCCURRED TO 1.19.  216. HOW INJURY OCCURRED TO 1.19.  216. HOW INJURY OCCURRED TO 1.19.  217. HOW INJURY OCCURRED TO 1.19.  218. INJURY OCCURRED TO 1.19.  219. PLACE OF INJURY (A HOME STREET) ACTION, TAME, THE CONTRIBUTION TO PART 1.19.  219. TO THE SIGNIFICANT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  219. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.19.  210. LOCATION TO THE TERMINAL DIS	2	YESES Y	/	2122	IMMEDIATE CAL	SE (a) Mul	tiple inju	ries					-315	
GOVE rise to immediate course (a) storing the underlying course lost.  (c)  FART 2 DIRES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  196. DATE OF OPERATION  196. CONTRIBUTING TO OR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERLYING TO OPERATION  216. EXTERNAL CAUSE WAS UNDERLYING TO OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERLYING TO OPERATION  2176. EXTERNAL CAUSE WAS UND	0	SEGREDO	r	1100	(					7				
COUNTY STATE  TOWARD HOR SHORE IT AND THE TENNING DISEASE OR CONDITION GIVEN IN PART 1 Ig.  DUE TO, OR AS A CONSEQUENCE OF	- 1	E-MOLES BELSELES												
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196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED?   120 AUTOPSY?   120 EXTERNAL CAUSE WAS   1216 EXTERNAL CAUSE OF DEATH   1216 EXTERNAL CAUSE O	*	5=0290			(	(c)								
UNDERLYING GOR ALUSE OF DEATH 6:20 M. 10 11.19 85 Motorcyclist in collision with auto 21d INJURY OCCURRED WHILE NOT WHILE STREET CONTRIBUTY (AT HOME. STREET CENTRAL ETC.)  STREET CHARLETCO STREET CONTRIBUTY (AT HOME. STREET CENTRAL AVE & CINDY Lane, CapitolHgts, PG, MD  AT WORK AT WORK STREET CHARLETCO STREET COUNTY AT WORK AT WORK STREET CHARLETCO STREET CHARLETCO COUNTY AT WORK AT WORK STREET CHARLETCO COUNTY AT WORK AT WORK STREET CHARLETCO COUNTY AT WORK	SQ	ASERAGE		PARE 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE O	R CONDITION GIVEN IN PART	110				
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CONTRIBUTING CAUSE OF DEATH 6:20 M. 10 1.1 9 85 Motorcyclist in collision with auto    21d INJURY OCCURRED   21d PLACE OF INJURY (AT HOME. STREET, FACTOR, FARM, FELC.)   21d LOCATION   2	ō	A THE SE				HOUR A.M.	NONTH DAY YEAR	ZIC. HOV						
AT WORK AT WORK Street Central Ave & Cindy Iane, CapitolHgts,PG,MD    Inquiry	o o	#E00#8	13	CONTRIBUTING	AUSE OF DEATH			5 M	otorcyclis	t in col.	lision w	ith au	to	
AT WORK AT WORK Street Central Ave & Cindy Lane, CapitolHgts,PG,MD    Inquiry	100	BY BY BY	8			21e PLACE OF	INJURY (AT HOME,				477			
The Contribution there at the remain described about and a proper   Inquiry   and in my opinion	ä	SEE SEE	E	WHILE NOT	WHILE K								to DC	MID
DATE SIGNED 10/12/85    Chief Dical Examiner   DATE SIGNED 10/12/85		HANA AND		AT WORK AT W	ORK	Bu		CCII	(ST)	CITION D	me, cap	rcomg	C5,10	, PIL
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 1.1.1 Penn St. Balto.MD.  236 BURIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY CITY OR TOWN CHITY OF TO		MA ON 単写		27a. I certify that I	took tharge at the	e remains descri	bed oboye held on	Autopsy	A, Inspection	, Inquiry	, and in	my opinion		
ACTING Chief SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.  230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATIORY  DHMH - 17  DATE SIGNED 10/12/85  ADDRESS 111 Penn St. Balto.MD.  236 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE  ADDRESS 111 Penn St. Balto.MD.  237 DATE SIGNED 10/12/85  DATE SIGNED 10/12/8	-	NEW DES	1	death resulted framy	Natural cou	es . A	cciden bu	cide .	Homicide .	Undetermined me	anner ,			
ACTING Chief DICAL EXAMINER SIGNED 10/12/85  EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.  230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATION?  DHMH - 17  DATE SIGNED 10/12/85  ADDRESS 1.11 Penn St. Balto.MD.  236 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE  ADDRESS 1.12 Penn St. Balto.MD.  237 DATE SIGNED 1.0/12/85		3898587		/	1/1		1114	1	TITLE (SPECIEV)					
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATIONY 234 LOCATION CITY OF TOWN PONCE PUBLIC RICCO 25M DHMH - 17	305012 S			11	, MINOS	De Tile	19.		ief.		DATE	10/12	/85	
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATIONY 234 LOCATION CITY OF TOWN PONCE PUBLIC RICCO 25M DHMH - 17	25323W	1	SIGNATURE	1 11	0 40		fores	)	_MEDICAL EXAM	AINER S	IGNED	1.07 127		
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATIONY 234 LOCATION CITY OF TOWN PONCE PUBLIC RICCO 25M DHMH - 17	957503	-	EXAMINER'S NAME	Thomac	D Cmi	+h M D		111 D	own Ct	Dalla M	D			
O7/84 BP DHMH - 17  DH											Balto.M	υ.		
DHMH - 17  UNERAL DIRECTOR  NAME / T / ADDESS / C / / C M / L M /		EUSE 48	23a B	JRIAL, CREMATION, R	EMOVAL 23P DA	TE Co	234 NAME OF CEM	ETERY OR	CREMATORY	23d LOCATION		COUNTY	<b>ASTATE</b>	E
DHMH - 17 DHMH -		BP	15	URIAL	10-	15 85	MODICI	DAC	(EM.	1 Ke	ONCE PO	JER10	Ric	0
	25M	DHAM 17	193	JNERAL DIRECTOR			/ /	.,	250. DATE RE	C'D. BY REGISTRA	AR 256 REGISTR	AR'S SIGNATI	JRE	
(VKAISME(S)) TADILIBLE PITOLIBLE PITOLIBRE PITOLIBLE PIT		(VR A15 ME (5))	164	DILTAL	FINERI	el TFO	. PALLS (	HURRY	4 VA OCT	1 8 100	0			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYTAND 21201

# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	2	9	4.4	1	Tue Na
REG NO					

J	REGISTRAR		CERTIFI	CATE OF DEATH	R	EG. NO.	7 -3	2 0)
1	DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	Marga	ret	Ma	loy		101	0985	1:30PM
	3. SEX	4. RACE	5. DATE O	IXYN	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	Caucasian	NOVE	ember 3,	88	YRS.	MOINTIS DATS	HOURS MIN.
1	To BIRTHPLACE (STATE OR FORFIGN	76 CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIEDX	9 BALTIMORE	ITY OR COUNT	TY OF DEATH	
	Pennsylvania	United States	WIDOWE	DIVORCED [		Georg	e's Cou	unty MD.
,	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCC		176 KIND C	OF BUSINESS OR
	Hyattsville	Carroll Manor	Nurs	sing Home	Secret	ary		L Servi
1	Maryland Geo	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTYPrince BE. CITY OR TOV orge's Hyatts	WN		4922 L	RESS / ZIP COU aSalle	DE	20782
1	14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN I	AA!	DDIE	LAS	ī
		son Maloy		Bridge	t		Dur	
		RMED FORCES? 166 SOCIAL SEC VE WAR OR OATES) 1/A 181-05-		17 INFORMANT (Fr Elbert G.		ADDRES 240 Richmo		ver Ave rginia
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), o	nd (cr)	(F	. /		BETWEEN	ONSET AND DEATH
Н	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	1724	10 by	41/2LRE		21	403
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	90Ur	ancon (	COP	0	161	TRIS
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION G	IVEN IN PART 11	0
Ź	190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY		ES, WERE FINDIN	
	E .				YES NO		YES [	NO [
1	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	AIR	DAY YEAR	21€ HOW INJURY OCC	URRED (INTERNATURE	OF INJURY IN ITEM 18	S PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AL WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	2H. LOCATION STREET	CII	TY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hasp saw the deceased alive an above, (I)	ital) attended the described from	Parameter .	d that in (my) (our) apını	on death occurred or	The date and he	. 19	that (I) ( last causes stated
/	Freferick	E. Show	iles	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [	10/6	19 85
	FREDERICK L	W SCHNETT	PER	The ADDRESS	MACAR	THUR	BRONG	JDC
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	OCCODE	name of co		CITY OR TO	Mont r Spri	gomery ng Ma:	Co.
	24 FUNERAL DIRECTOR Robe	rt A. Pumphre	ev Fur	eral Home				

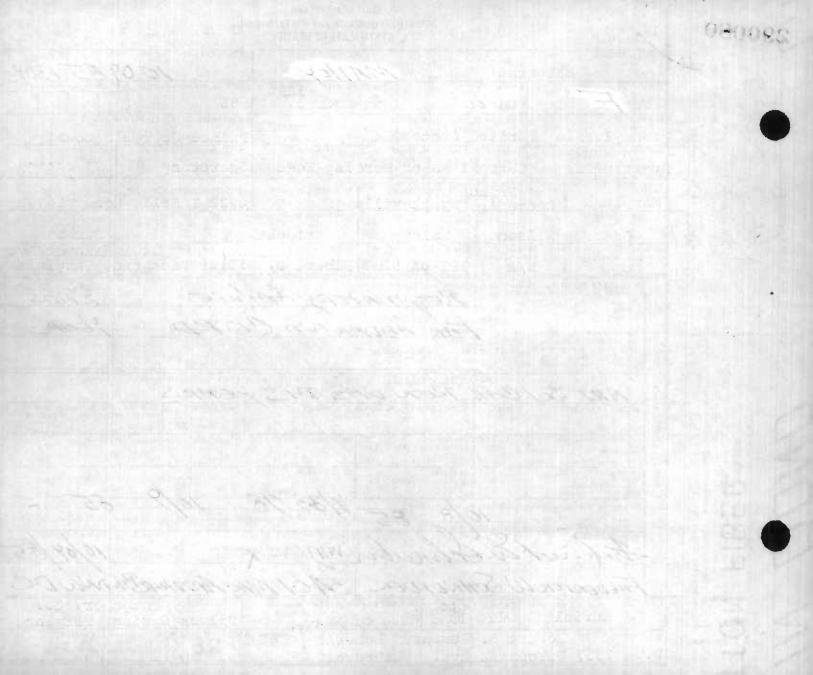
Robert A. Pumphrey Funeral Homes

P..A 7557 Wisconsin Ave., Bethesda, MD

DHMH - 16 50M 4/B3

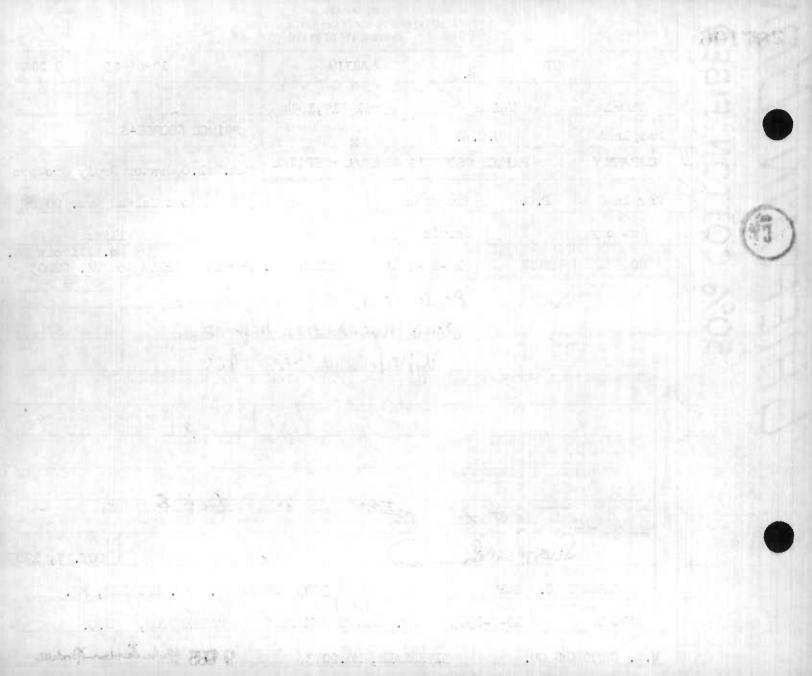
(VRA 15, 4)

MPORTANT: If he



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-			STATE REGISTRAR		MED	ICAL E	EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	KE.	G. NO.	1 4	3 6	0
			CEASED NAME	FIRST		MIDDLE	707		LAST		2s. D.	ATE KNOW		NIH DAY	YEAR	2b. HOU
	ASE ORS EET,			STEP			J.		MANN		DE	ATH MATE	□ □10-	-9-85	19	
4	RY, PLE DIRECTION 72 HOI ON STRI	3. SEX	ale	1. RACE Cauc	5. DATE OF BIRTH	56 <sup>YEAR</sup>	AGE (IN YE.	AY) MONTH		HOURS	MIN PRON	DATE HOUNCED DEAD	10-	-9-85	YEAR	10:4
Ó	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS RESTON STREET,	FC	IRTHPLACE (ST DREIGN COUNTRY) Ennsylve		76 CITIZEN OF WH.	AT COUN	TRY?	8 MARRII WIDOW	ED TO NEV		DU		-	DUNTY OF E		V M
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•	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CRENIFICATE, WRIPAGE A SHOUDE BE FORWARE TO FUNERAL DIRECTOR; PAGE A FIRE DEATH, WITH, THE STATE BALITMORE, MARYLAND, 2120		220. I certif deoth resulte ACTUAL SIGNATURE		rol couses .		C41	ricide	Homici TATLE (SP		Undetermine		<u> </u>	ATE 10-	-10-8	5
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STATE OF MARYLAND

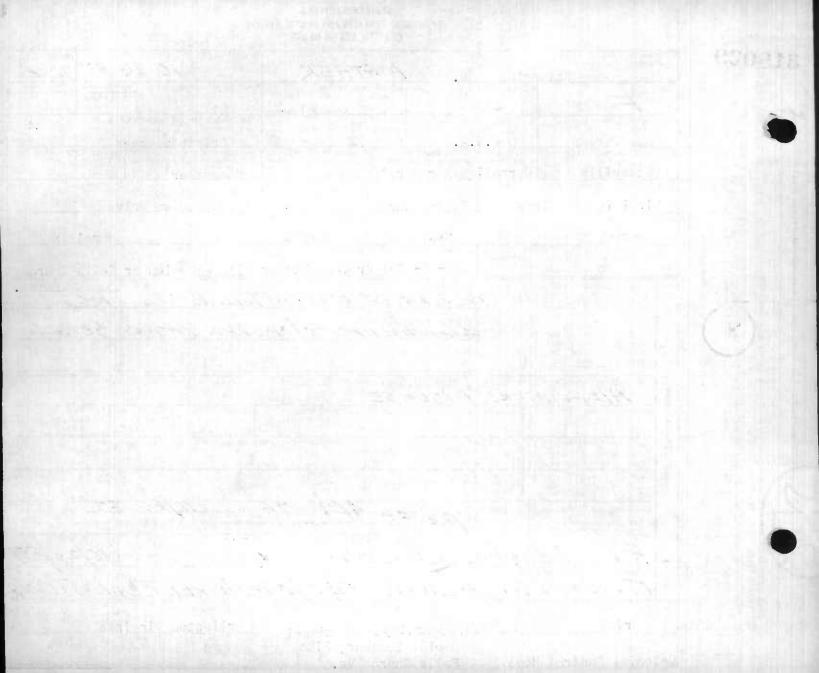


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 289126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH? REGISTRAR . DECEASED NAME TO DATE KNOWN PT 26. HOUR MONTH (TYPE OR PRINT) OF ESTIermond DEATH MATED and DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1934 DEAD June 26. YRS 76 CITIZEN OF WHAT COUNTRYS **P. BALTIMORE CITY OR COUNTY OF DEATH** METHPLACE (STATE OR MARRIED NEVER MARRIED Ohio USA Prince George WIDOWED DIVORCED 5 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Bowie Crane Operator ALRESIDENCE (IF IN NURSING HOME OR OTHER INS BALTIMORE, MD, 21201 13e STREET ADDRESS 136 COUL 13d: INSIDE CITY LIMITS? Maryland Lothian Marlbora Rd. NOX 1163 2071: FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Howard Martin Delphia Dalton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) Louise Martin 5499 272-28-5333 Sands Rd. Lothian. MD yes 18 CAUSE OF DEATH (Enter only one course per lige for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to < I CERTIFICATION 19a DATE OF OPERATION USED, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES FORWARDED TO THE CHORS PAGE 3 SHOULD BE IN THE STATE DEPARTMENT (AND), 21201 PRIGR TO BUS 3 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 229 I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion deoth resulted from: Natural causes Accident Homicide Suicide Undetermined manner LE (SPECIFY) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Oct. 8, 1985 A.A Co. Lothian Sollers 07/84 BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** pencer E. Sewell Box 31 Prince Fred. MD 20678 (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE YEAR 26 HOUR L DECEASED NAME TYPE OR PRINTS 26 Katherine A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE DATE OF BIRTH SEX MONTH DAY YEAR DAYS 1904 9. BALTIMORE CITY OR COUNTY OF DEATH 26 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED New Jersey WIDOWEDXX Prince Georges 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hvattsville Carroll Manor Nursing Home Homemaker Own Home JSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 188 COUNTY 13c CITY OR TOWN 6372Lakeview Driv Fairfax Falls Church YES [7 NO V Virginia IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Andrew Gau I Jessica Morrison ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 226-42-3531 Or John Mather 6372 Lakeview Dr Falls Church No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) LROBITES SIVE CEPTETSPO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [] NOF YES [ 216. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 269 5, and that in (my) (our) Dpinian death accurred an the date and haur and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 27h SIGNATUR ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 220. ADDRESS 22d. PHYSICIAN'S NAME LTYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 10/29/1985 Arlington National DATE REC'D, BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M AD6461 Leesburg Pike TVE A 15 (4) 1 9/74 Falls Church Va. Colonial Funeral Home



STATE OF MARYLAND	
STATE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	
ECEASED NAME RALPH / EDWARD 1 MAXWELL, JR., 20 DATE KNOWN DO MONTH DAY YEAR 200 OF ESTI-	HOUR
1. RACE S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 22 MIN PRONOUNCED	
BIRTHPLACE (STATE OR JOHN OF WHAT COUNTRY? 8. MARRIED DIEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
7770-0 0 0 0 9 611	ESS
	y
alph E. Maxwell, Sr. Betty Rowles	
N/A (IF YES, GIVE WAR OR DATES)  N/A 194-34-7204  Wm. Rusiewicz F.H. Arnold, Pa. 15068	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate couse (o) stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?	4
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death resulted fram: Natural couses Accident Sylicide . Homicide . Undetermined manner .	1
EXAMINER'S NAME John S. Rogers, DN 1919 Seminary Rd. Silver Spring, Md	
Burial 10-8-1985 Greenwood Memorial Park CITY OR TOWN Westmore Land Cty.	PA
11000 Helle Mives	
70. E F 10 C USU 130. R 160. 230. 24	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  BOOGRAP  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  BOOGRAP  AWARELL, JR.  AWAYELL, JR.  AWAYELL, JR.  AWAYELL, JR.  BOOGRAP  DATE ENDOWN OF DEATH  BOOGRAP  JR. CITIZEN OF WATER TO JOINE TO BOOK THAT AND MENTAL HYGIENE  TO JOINE RESIDENCE TO AND A STATE OF THAT AND MENTAL HYGIENE  BOOK OF THAT AND MENTAL HYGIENE  MARKED DEVER MARKED DEVE

DHMH - 16 50M 4/83 (VRA 15, 4)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M 19 21d. INJURY OCCURRED 21L LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from above (It (we) god) (ded not) view the body ofter death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) Mark H Pillor 6188 Oxon Hill Road, Oxon Hill, Md 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (SPECIFY) ITY OR TOWN Florida 230ct1985 Sylvan Abbey Cem. Burial Clearwater 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECT Robert E Wilhelm Funeral Home Kriedan Process Suitland Maryland

E) Early

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR			CERTIF	ICATE OF I	DEATH	0 0	REG. NO.	7	4 6	la la
1. DECEASED NAME (TYPE OR PRINT)  E	dward	J.	Mc	Clure		20. DATE OF D	EATH MONTH	6	85	26 HOUR -
SEX Male	4. RACE Wh	ite	5. DATE O	OF BIRTH H DAY	YEAR 1911	6 AGE (INYEA	RS LAST BIRTHDAY)	MONTH'S		HOURS MIN.
Washington, I	PREIGN 76. CITIZEN OF	WHAT COUNTRY?	18	D NEVER		9 BALTIMORE	George	TY OF DE		
Forestville	TH 11. NAME OF	HOSPITAL, NURSING HEACHITY, GIVE STREET	NG HOME (	OR OTHER INS	MOITUTIIT	12e USUAL OC	CUPATION OR MOST OF WORKIN	GLIFE) 12b.	KIND OF USTRY	BUSINESS O
USUAL RESIDENCE LIF NURSIN			E ADMISSION)	136 INSIDE C	ITY LIMITS?	13e STREET AD	DRESS / ZIP CC iverdal	ODE		
14 FATHER'S NAME FIRST Elijah	MIDDLE	McClure			S MAIDEN NAM FIRST Va	ME	MIDDLE		last McCre	
Yes, NO OR UNKNOWN) Yes—Navy	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) W.W.II	166 SOCIAL SECU		17 INFORMA Ethel		(Daugh	ADDRESS ter) Sar	ne as	13e	SATE INTERVAL
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230 BURIAL, CREMATION, R (SPECIFY) Burial		23c	NAME OF C	EMETERY OR	CREMATORY	23d LOCATI		P. C.	Y Ma	ry land

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this centificate has been sign should be detached for use as the burial-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If them 21 is morked or them 18 shows ony

> Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

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309024

DECEASED NAME

Male

New York

O CITY OR TOWN OF DEATH

O. BIRTHPLACE (STATE ON FOREIGN

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 26 HOUR 1985 OCTOBER 29 McELROY PHILIP 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)

126. KIND OF BUSINESS OR

White BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. S. A. PRINCE GEORGE'S

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

RICHARD

4 RACE

Printing Spec TAHOSPITAL OF PR. GEO. CO. ANHAM SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) New Carroltdiss insure COUNTY 13e STREET ADDRESS / ZIP CODE Geo.

Maryland IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Speck Flörence McElroy Iohn ADDRESS 5823 Mentana St. 17 INFORMANT 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. Margaret McElroy New Carrolton, MD2078

18 CAUSE OF DEATH 'Enter only one couse per line for to , to PART I. DEATH WAS CAUSED BY MYICARDIAL INFARCTION 7 AR DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ia, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO TV 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE SITHER NOTIFY MEDICAL EXAMINERS

211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE

220 I certify that (I) (this hospital) attended the deceased from SCCTO sow the deceased alive an OCODET and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE

Georgetown Med Sch

6510 Kenilworth Ave., Suite 7 Riverdale, Maryland 20737

Roger B. Ingham, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE Washington.

24 FUNERAL DIRECTOR

15PE Removal

CERTIFICATION

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANI

10-30-85

2,2 5 MISSORI AND, MISO DATE REC'D. BY REGISTRAR 75 BEGISTRAR'S SIGNADRE ADDRESS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 295140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-McKoy E. Howard 10-15 19 85 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 10:05 DATE PRONOUNCED Male Black 20 DEAD 10-15 1985 a. M Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Wilmington, N.C. U.S.A WIDOWED DIVORCED Prince George's County, O CITY OR TOWN OF DEATH aborer Constraction Greenbelt Rt. 193 & Rt. 201 Baltimore, Md. 812 Venable Avenue THE COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE McKov Bessie Orange Hayse 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Sheila McKoy 2006 W. North Ave.Md. 21217 216-42-9353 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 9:40 85 CONTRIBUTING CAUSE OF DEATH subject pinned under crane which had tipped 211. LOCATION 21e PLACE OF INJURY (ATHOME. over STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX AT WORK Rt. 193 & Rt. 201, Greenbelt, Prince George's work site PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BACTIMORE, MARMAND, 2 Autopsy XX. 22a. I certify that took charge of the remains across above, held on Inspection Natural causes Hamicide Undetermined manner ITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-15-85 Dennis F. Smyth EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 10-21-85 Burial Baltimore Cemetery Baltimore Maryland 07/B4 25M 24 FUNERAL DIRECTOR W. North 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. Brown Community F/H 1206-08ave. Md. OCT (VR A15 ME (5))

STATE OF MARYLAND

Suitland Md

Funeral Home

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County of Attended Sufficient America,

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(VRA 15, 4)

W.W. Chambers Co. Inc

STATE OF MARYLAND

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FOR - STATE

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DHMH - 16 60M 7/B	4
(VRA 15, 4)	

George P. Kalas Funeral Home Oxon Hill, Md.

# STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTI	ICATE OF	DEMIN	REG.	NO.	450	
1	1. DECEASED NAME FIRST	NKS		LLAN		20. DATE OF DEATH	10-18	OC YEAR	26 HOUR
		4 RACE	5. DATE C			6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	12.00PM
	26.2	Caucasian			1 903	82	N	MONTHS DAYS	HOURS MIN.
ľ		76 CITIZEN OF WHAT COUNTRY	(2 8.			9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	North Carolina	U.S.A.	WIDOWE		MARRIED	PRINCE G	EORGE	30.00	MD
1	CHEVERLY	PRINCE GEORGE	5 AGENER			170 USUAL OCCUPA LIVE OF WORK FOR MOS Cement Ma			of BUSINESS OR truction
			ore admission) WN et Hgt		NO 🗆	13e STREET ADDRESS	ZIP CODE	20	747
	Tarther's Name First Unknown	McMill	an		'S MAIDEN NAM	ME MIDDIE			known
	160 WAS DECEASED EVER IN U.S. ARA	WAR OR DATES)		17 INFORM	ANT	3541 Pa	tuxent	Rd.	
	(YES, DO OR UNKNOWN) (IF YES, GIVE	577-26-	2428	Glorya	Bracke	n Hunti	ngtown,	Md.	
1	18 CAUSE OF DEATH (Enter online PART ), DEATH WAS CAUSED	y one cause per line for (a), (b), o		14-1 1	0			BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		E CAUSE (a)	ER OS	MOLH	L ST	ATE			week
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	Conditions, if any, which gave rise to immediate	( 1b) D1	HBET	ES M	ELLIT	145			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECU	UENCE OF						
		(c)							
		ONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIVI	EN IN PART 1	0
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		, WERE FIND	
U	TIFIC					YES NO	IN CERTIFY		S OF DEATH?
	00.00.00.00.00.00	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW I	NJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
	OR CONTRIBUTING CAUSE OF DEAL  [IF EITHER NOTIFY MEDICAL EXAMINER]  71d INJURY OCCURRED  WHILE NOT WHILE	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM, ETC )	711 LOCAT		CITY OR	IOWN	COUNTY	STATE
100	AT WORK AT WORK	all and a late of the second	Tumo	30	10 83		R	. RC	
	sow the deceased alive on abave, 10 (we) (did) (300)	ol) ottended the deceased from 0ct. 18	0~	id that in (3%)	-, 17	death accurred an the	date and have	and from the	that <b>X</b> (we) last e causes stated
	276 SIGNATURE	101/10 0000		DEGREE	ATTENDING	MEDICAL ST	AFF	22c. DAT	E SIGNED
V	228 PHYSICIAN'S NAME STYPE OR	Cert by all		Tage ADDRE	PHYSICIAN E	DIRECTOR PHYS	ICIAN TO	HOSPT	18/85
	MANJUL	A KOTHAPAL	LL1	CHEVER	"HEALTH LLY, MD.	20785	HOSPI	TAL DR	IVE.
	230 BURIAL, CREMATION, REMOVAL				CREMATORY	236 LOCATION	1 122	COUNTY	STATE
	Burial		iphany	•	200 0 4 20	m. Fores	tville	P.G.	Maryland
	George P. Kalas	Funeral Home O	60 0xo	n Hill	Rd . DATE	E REC'D. BY REGISTRA	RI756 REGISTE	RAR'S SIGNA	Budall
	ACOTES L. VSTSS	Legistat Home O	win ur	TT 9 MG	. 0	U1.40 135	1.0001	man foreign .	1

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	(G-at)			Gerl

		REGISTRAR			CENTII	ICATE OF DEATH	REG. NO		
7098		CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
ge 3	TIMPE	MINN	IE A	LICE	McMU	LLEN	OCTOBER 16,	1985	12:30p <sub>M</sub>
b va	3 SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDA		
of of o	F	emale	Caucas	ian	Feb	· 22, 1904	81	YRS MONTHS DAYS	HOURS MIN.
32 619	7a BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
11/1	N	orth Carolina	US	SA.	WIDOWE		Prince Geor	ge Co.	MD
871	IO CI	TY OR TOWN OF DEATH	The second second			OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	-	Lanham	DOCTO	/		.G.Co.	Secretary	U.S.	Gov't
1 276	USU/ 130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY	N GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIE	CODE	
30			Arundel	Crofton		YES NO	1871 E. Quee		21114
PEDI	1) FA	ATHER'S NAME FIRST	MIDDLE	LAST		IS MOTHER'S MAIDEN NA	WE		AST
1100	/_	William	Sanfo	ord Davi	s	Cora	Alice	M	atthews
000		VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT	ADDRESS		
5/		00		243-09-7	112	Peter M. Cay	88 88	me as 13e	
-		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse po	er line far (a), (b), and	dic	1	0.0	APPRO BETWEE	NONSET AND DE H
eve			ATE CAUSE (a)	acr	le	remail	Soulle	4 1	week
ofic			DUE TO,	OR AS A CONSEQUE	NCE OF		V		- V
out.		Conditions, if any, which	(16)	NTRACT	ABL	E CONCES	STIVE HEART	FALURE	37EAR
remo		gave rise to immediate cause (0), stating the	DUE TO,	DRAS A CONSEQUE	NCE OF			185	VERDE
1010		underlying couse lost.	4	HE ROS	CLE	ROTIC HEA	RT DISEAS	E 10	YEARS
ury.	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS (	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	ON GIVEN IN PART	lia
ny in	CERTIFICATION	190 DATE OF OPERATION	TIGH CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?   201	b. IF YES, WERE FIND	MAGGINEED
W O S	IFIC,	THE DATE OF GLERATION	170. COTT	DITION TO WITHOUT	OFERANO	TO WAS FERT ORMED	IN	CERTIFYING CAUSE	ES OF DEATH?
sho of	ERT	71n ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		1214 HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES DEBART OF BART 21	NO 🗆
FOLK 18		OR CONTRIBUTING CAUSE OF	ALAIN .	A.M. MONTH DA			A FIGURE AND OF MADE OF	(CM 10 1 AM) 1 ON ( AM) 2)	
r he	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION			
edo	ME	WHILE NOT WHILE		TREET, FACTORY, OFFICE F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
mark		220.1 certify that (I) (thus ho	attended (	he deserved from	M	4 10 82	10-16-	10.05	1 1 1 1 1 1
is i		saw the deceased alive	10-1	5- 10 8	) E=	nd that in (my) (aux) apinian	death accurred on the date o	and how and learn th	. that (we) last
e 3 2		abave, (1) (www.) (with) (did	not) view the bad	y alter death.		DEGREE			E SIGNED
#		9111	Mus	M. M. T.	-	ATTENDING	MEDICAL STAFF	1.4	
ANT		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	00, 14	-	PHYSICIAN D	DIRECTOR PHYSICIAN	10	-16-00
MPORT		JOHN CO	SMA	M. D		14300 FALL	A BIT FOU	DALL	- MA
MPO	73n P	URIAL, CREMATION, REMOVA		1	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	130416	170
	(	Precievi					CITY OR TOWN	COUNTY	STATE
	24 51	right puritat	pet. 1	A 1202   P	arem	Cemetery	Winston Sal	em, North	Carolina

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

16000 Annapolis Road Beall Funeral Home Bowie, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

remain Squeezen Sc. 22, 1004 ol Horth derolling USA yes Secretary U.S. Cov't Maryland time randel refren x 1011 . under 2011. William Ment'ord Levis Cora Alica Matthewn 243-09-1112 Fotor M. Jovas same as 130 STATE OF THE PROPERTY OF THE STATE OF THE ST E E A COSOCIO DE LA COSOCIO DE A CONTRACTOR OF THE STATE OF TH AMBERING ASSAULT THE WASHERS TO PARE AMPROAD KENTER

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Livo Lancoolis Royc

Down in real one Bowte, 'Samilene

		FOR					
1	_	STATE					
		REGISTRAR					

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	9	4	2	9

1	REGISTRAN						. NO.			
	DECEASED NAME FIRST		WIDDLE	LAS		2a DATE OF DEATI			26. HOUR	
×	Wils		C.	McV	-		16, 198		5:10A .	
1.5	ĒΧ	4 RACE		5. DATE OF	BIRTH YEAR	& AGE (IN YEARS LAS		ONTHS DATE	HOURS MIN.	
	Male	Whit	e		7, 1908	77	YRS	<1 L8		
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
	Maryland	U.S.	A.	WIDOWED		Prince	eorge's	Count	y MC	
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OTHER INSTITUTION	12a USUAL OCCUP	PATION		Marylan	
Cla	ollege Park		arleton To			Ret. Pol			Police	
Us	UAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				15 ca ce	FULLCE	
100	STATE 136 CO		College		3d INSIDE CITY LIMITS? YES TO NO [	13e STREET ADDRE	ss / ZIP CODE	Anna 66	20740	
	aryland P	-G-	Correge		MOTHER'S MAIDEN NA		TELON 1	errace	20140	
	FIRST	MIDDLE	LAST	14-30	FIRST	MIDDI	E	Camp	h-17	
	tanley WAS DECEASED EVER IN U.S.	ARMED FORCES?	McVey	RITY NO. 1	Eugenia 7 INFORMANT	AD	DRESS Adda	ess Sa		
	TYES NO OR UNKNOWN] [IF YES.	GIVE WAR OR DATES)	213-46-0	000					me as	
N	0		210-10-0	300	Mrs. Esther	M. Mcvey	No#			
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)							BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSE (d) Carolia Refuse fory arest									
	UVUVLED	AIL CAUSE IO,_								
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (b)							1		
	gove rise to immediate cause (a), stating the	DUETO	D AS A CONSEQUE	AS A CONSEQUENCE OF						
	underlying couse last.	100010,0	ASAC GEO	HD.						
	PART 2 OTHER SIGNIFICAN	I CONDITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	AIN AL DISEASE OF C	ONDITION GIVE	NI INI DART 1		
Z O		aryn	Z	27111 00114	OT RESERVED TO THE TERM	THE DISEASE OR C	ONDITION GIVE	TA RA FAMI II		
1 1	190 DATE OF OPERATION	119h CONF	ITION FOR WHICH	OPERATION	WAS PERFORMED	28a AUTOPSY?	20h JE YES	WERE FINDIN	NGS LISED	
5	THE OF CHERTON	170 COI40		ITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CAUSES OF DEAT			
CERTIFICAT						YES NO			NO 🗌	
								RT ( OR PART 2)		
I₹	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19						
MEDICAL	21d INJURY OCCURRED		OF INJURY		II LOCATION	The second				
×		(AT HOME ST	REET, FACTORY OFFICE, FA	IRM, ETC	STREET	CITY C	RIOWN	COUNTY	STATE	
	AT WORK				1000	octo	her	C		
	220 C certify that (I) (this has sow the deceased alive	octobe	he deceased from	85	that is ( ) ( ) ( ) ( )	, 10		0 .3	that (I) (we) lost	
415	above, (I) (we) (did) (did	not) view the body	ofter death	, dilo	that in (my) (aur) apinion	death occurred on th	e dote and hour			
	226 SIGNATURE	110		DE	GREE			22c. DATE	SIGNED	
	00	-MA	-	)	ATTENDING PHYSICIAN	MEDICAL PHY	STAFF SICIAN [	Oct.	16,1985	
/	224 PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e. ADDRESS			4 117		
	Suresh C. Guy	pta, M.D.			3503 Perry S	St. Mt. Ra	inier, M	1d. 207	712	
230	BURIAL, CREMATION, REMOV	AL 23b. DATE	23¢ N	AME OF CEA	METERY OR CREMATORY					

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Maryland

Burial

Oct.18,1985 Fort Lincoln Cemetery Brentwood P.G. Maryland

1250 DATE REC'D. BY REGISTRAR 2350 REGISTRAR'S SIGNATURE

14. P.A. Hyattsville, Maryland 007 22 1085

Colour la, 1980. .101.2 Sopt. 7, 1909 0111 Prince Compate County cocord entotally but the continu neito at the price . to But Parleton Portuge 2072 y and marting et to the total 10 5. on our promise 277-46-0988 yes. Wather M. Horox Cot. 16, 1985 SHULD Derry Mt. Mt. Uninion, Mt. 20712 August A. Capta, M. Sangus, meigh fet. 13, 1985 Port Lincoln Cerotory Strentment Sensione's Total

The Course Sunty of Livetters . . I .H. W. enor altenant . . .

287159

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR (TYPE OR PRINT) NANCY MELAGO I 47PM 10 07 85 N. 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR MONTH Female Caucasian Aug. TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED PRINCE GEORGE'S COUNTY Pennsylvania WIDOWED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GEORGE'S GENERAL HOSPITAL CHEVERLY Homemaker JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3302 Moreland Place Maryland Bowie 20715 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Francis Navlor Marie Anderson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 199-20-2210 no Raymond J. Melago same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to 101, ib! and ic | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O SONSEQUENCE OF enere Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ON

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED		
none.	none		YES NO	IN CERTIFYING CAUSES OF DEATH		
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTERNATURE OF INJUR	TIN (TEM 18 PART ) OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY TEAR	21	/,			
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		1/2			
21d INJURY COURED WHITE NO WHITE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE LARM, ETC.]	211 LOCATION STREET	CITY OR TOW	VN COUNTY STA		
220.1 certify that (I) (this haspital)	10/7 000	1/23 19 85	, to/	0/7, 19 81 that (I) (we		

DEGREE

EDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PENT) 22e ADDRESS M CAOXI

LANDOVER RD

Cheltenham, Maryland

STAFF

	, , ,			011	-			40	0
23a BURIAL, CE	REMATION, RE	MOVAL	236 DAT	E		231 NAME OF CE	METERY OR	REMAT	ORY
(SECILI)	Burial	0	Oct	9. 1	985	Maryland	Veter	ans	Cem.

obove, (1) (we) (did vidid not) view the body ofter death

NAME OF CEMETERY OR CREMATORY STATE

24 FUNERAL DIRECTOR Beall Funeral

226 SIGNATURE

16000 Annapolis ROSO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Bowie, Maryland

whie Davidson - Randa co

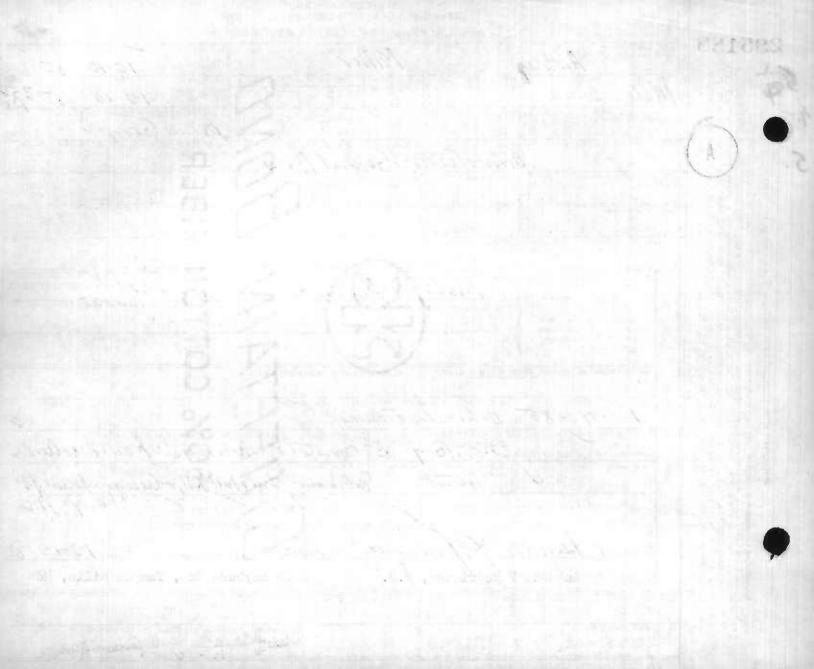
22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

COLTES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 295188 DECEASED NAME DEATH MATED SEX IF UNDER 1 YR. IF UNDER 24 HRS PRONOUNCED July 26, 1952 33 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED West Virginia USA WIDOWED [ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cheverly carpet cleaning owner-operator USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE OF FORE ADMISSION 136 COUNTY Use CITY OR TOWN 13e STREET ADDRESS CO Maryland Seabrook 9971 Good Luck Road 20706 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Aubrey Miller Marjorie VanGundu 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES 279 52 4017 Aubrey J. Miller Laurel. Md 18 CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c).) APPROXIMATE INTERVA gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 7 IO 190 DATE OF OPERATION 20 AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) AT WORK AT WHILE 220 I certify that I taak charge of the remains described above, held on death resulted fram: Natural causes Hamicide ... Undetermined manner TITLE (SPECIFY) MD Deputy EXAMINER'S NAME Augusto P Rodriguez, 5009 Rayburn Ct, Temple Hills, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Ivy Hill Cemetery Laurel, Maryland 24 FUNERAL DIRECTOR DHMH - 17 Donaldson Funeral Home Laurel. Md (VR A15 ME (5))

STATE OF MARYLAND



204.								ARYLAND						
301019		FOR STATE				MENT OF HI				'and Day	2	Q	4.1	3 9
		REGISTRAR		N	MEDICALI	EXAMINE	R'S C	ERTIFICA	TE OF D	PATH	REG. NO	D. *		2 64
		CEASED NAME	FIRST		MIDDLE			LAST		20. DATE	KNOWN [	MONTH	DAY	YEAR 26. HOUR
Bass St. A	Line	E OR PRINT)	SHAR	ON	Ann		MT	LLER		OF DEATH	ESTI-	10	20 ,	85 M
A C H S H.	I SE		4. RACE	5. DATE OF BIR	TH	6. AGE (IN YEARS			UNDER 24 H	RS 2c. DAT	E	MONTH	DAY	YEAR 24 HOUR
ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS PESTON STREET.	F	ema1e	White		AY YEAR	LAST BIRTHDAY)	MONTH	S DAYS HO	OURS MIN	PRONOU	INCED	10	20 ,	85 12:08 P M
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A3237 T				U.S.A.			NIDOW				ce Geoi			
10 MW 81	10. CI	TY OR TOWN	OF DE ATH		HOSPITAL, NUI	RSING HOME, (	OR OTH	ER INSTITUTIO				E OF WORK		OF BUSINESS
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1 20398/17			(IF IN NURSING HOME	OR OTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION							Firm	
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a transfer	14. E/	ATHER'S NAME	1					15. MOTHER'S						
加加茶99/	1	John		MIDDLE	Mi	Tler		Car			MODIE .		Moc	k
1 30 0 Y	140 V		DEVER IN U.S. AR	MED EODCESS	144 500	IAL SECURITY N	10	17 INFORMAN	NT		ADDRESS			
E E5006	{Y	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	100 300	TAL SECONITT				ller (M	lother)		e as	13e
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Z 8 × 5 0 /	2	18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one cause per	line far (a), (b)	, and (c).)						-7.11	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
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STON ALCONOMINATION OF THE PROPERTY OF THE PRO		8	120		OR AS A CON	ISEQUENCE OF								
01 W. PRESTO TED WITHIN 2 V PENCIL IN II V ASAMINER ALC MENTAL HYTO N, OR REMOV			ns, if any, which											
SKITTE WEEK		cause (a)	stating the under		OR AS A CON	ISEQUENCE OF					-			
DIVISION OF VITAL RECORDS, 201 W. PRESTONS S. CERTIFICATE SHOULD BE EXECUTED WITHIN 21 HE RRED TO THE CHIEF MEDICAL EXAMINER ALCOR SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PRIVE E DEPARTMENT OF HEALTH AND MENTAL HYGEN TO FRIOR TO BURIAL, CREMATION, OR REMOVAL		lying cau	se last.	(6)										
AAL AAL ATIO		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATN BUT NOT RELA	TEO TO THE TERMINA	LOISEASE	OF CONDITION GIV	VEN IN PART 1 (a					
ON DEC DEN DEC DE LE PARENTE LE P	2							- C C C C C C C C C C C C C C C C C C C	TEN NO I PART I 19					
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VISION VISION VISION THE TO TO 3 SHOU EPARTI	MEDICAL		NG CAUSE OF			-20 <sub>→</sub> 85		ver of	auto/	van co	llisio	n.		
IVIS OEP DEP	19	21d INJURY C	OCCURRED	STREET	CE OF INJURY FACTORY, FARM, E	(AT HOME,	S	TREET		CITY OR T		co	UNTY	STATE
DIVISION OF VI THIS CERTIFICATE SI E, WRITING THE WO RWARDED TO THE PAGE 3 SHOULD BE STATE DEPARTIMENT	-	AT WORK	NOT WHILE [	x r	road		770	0 blk.	River	dale R	d., New	Carr	ollto	on, MD
DIVISI  DIVISI THIS CERT ATE, WRITING ORWARDED OR: PAGE 3 SH E STATE DEPA			fy that I took char	ne of the remains	described abo	ve held on	Autop	v X In	spection	], Inquiry	Pi	rince		rge's Co.
A S S S S S S S S S S S S S S S S S S S		death result		eral causes ,	Accident	Property Control of the Control of t		, Hamicide		ndetermined n		o in my op	, iiiidii	
A SHEET SHEE	7	geath result	ed fram: Nati	rai causes,	Accident	, SUICI	ае 🗀			naeterminea n	nanner,			
Z S S S S S S S S S S S S S S S S S S S		ACTUAL	As	0:	n			ASSIS				DATE	10-	21-85
<b>Ş</b> HX <b>X</b> KX	-	SIGNATURE.	All	Y	71		M	D VOOTO	Carre ,	MEDICALEXA	MINER	SIGNE	D_10-	21-05
S S S S S S S S S S S S S S S S S S S		EXAMINER'S	NAME AT	nn M. Di	xon. M.	D.		1	11 Per	n St.	Balto	. Mr	212	01
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE,	20.5	(TYPE OR PRI	111					ADDRESS				- ,		
	230.B	PECIFY)	TION, REMOVAL	236 DATE 10/23/85	7.7	NAME OF CEME				d. LOCATION CITY OR TOWN		COUP	NTY	STATE
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DHMH - 17	FI	THE STEE	Gasch's S	Sons Fun	eral Ho	me, P.A		25a.	DATE REC'E	). BY REGISTR	AR 256 REGI	STRAR'S S	IGNATUR	E
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### STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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- STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. N	10.	7		3 0
I DECEASED NAME	FIRST	MIDDLE	ŧ.	AST .	24 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
Cor Princip	SIGMUND	NMN	M	ILLOFF		10	11 8	5	2.00am
1.SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RTHDAY	IF UNDER		IF UNDER 24 HRS
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74. BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN C	F WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEA	ATH	
WASH. D.C.	U.S.		WIDOWE	D DIVORCED	DDTMCP CP	ORGES	COUN	TY	M
18 CITY OR TOWN OF DE				R OTHER INSTITUTION	12a USUAL OCCUPAT				BUSINESSO
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14 FATHER'S NAME FIRST	MIDDLE	£AST.		15 MOTHER'S MAIDEN N	MIDDLE			LAST	
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190 DATE OF OPERA	TYB CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	780 AUTOPST				OF DEATH?
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OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19						
214 INJURY OCCUR		E OF INJURY	17	211 LOCATION			76		
\$		STREET FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR T	OWN	COU	NIY	STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84 (VRA 15, 4)

22b DATE

22a I certify that (1) (this hospital) attended the deceased from

NOT WHILE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

BURTAL 24 FUNERAL DIRECTOR

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ATTENDING PHYSICIAN

MEDICAL STAFF TOTRECTOR | PHYSICIAN |

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22c DATE SIGNED

10801

BOX 156

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION SUITLAND

P.G.

MD.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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PROFILE OR THANK COLUMN TO A SULVENIE AND A STRUCK

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

			REG. NO.		
1 DECEASED NAME FIR	A. MIDDLE G.	MINCEY	20. DATE OF DEATH MONTH	0-85	10.10P
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR	IF UNDER 24 MR
MALE	BLACK	MARCH 17, 1923	62 YRS	MONTHS DATS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIC	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OF COUNTY PRINCE GEORGE	OF DEATH	
Georgia	United States	WIDOWED DIVORCED	THE GEORGE		٨
CHEVERLY	11. NAME OF HOSPITAL, NUR	SING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		ing
	OME OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)		01	0.10

Ð	USUAL RESIDENCE (IF NURS		N GIVE RESIDENCE BEFORE ADMISSION			1
Ю		136 COUNTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	11/1/2/1/
	Maryland	P.G.	Forrestville	YES X NO	3005 Logan Street	OUITI
Jo.	14 FATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	
7)	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
1	Aldie		Mincey	Gertrude	and the second second second	Mincey
	160 WAS DECEASED EVER		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	-
	160 WAS DECEASED EVER (YES NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	25/ 28 7579	Williams Will	cey Hunt-daughter	nell Drive
		L	234 20 7370	WILLIIGHT WIN	cey Hunt-daughter	Forrestyill
	18 CAUSE OF DEAT	H (Enter only one cause pe	er line for (at, (b), and ic	4		BETWEEN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY	GODIN NE	Doalin da	from and shock	
	TO THE REAL PROPERTY.	IMMEDIATE CAUSE (6)_	Chicano I I	Gran-C 3	TOO S ex est of source	
		DUE TO, O	OR AS A CONSEQUENCE OF	N 011-	V	
	Conditions, if ony,	which ( 16)	Herea	The LIC	ephalopathy	
	gove rise to imm		, 4		( A	
	couse (o), statin	g the DUETO.	OR AS A CONSEQUENCE OF	1 -1		

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES NO	YES [	
210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	OUNTY	

220 | certify that (I) (this hospital) attended the deceased from

- 1	obove, (1) (we) (did) (did not) view the body ofter deat	00			
	276. SIGNATURE P. CO. 2. 14 de	21	DEGREE	G MEDICAL STAFF	221 DATE SIGNED

22e ADDRESS 600

236 DATE

23¢ NAME OF CEMETERY OR CREMATORY LINCOLN MEMORIAL CEMETERY

SUITLAND, MARYLAND

Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

marked or Hem 18 sh

IMPORTANT

ALEXANDER S. POPE-2617 Pennsylvania Ave., SE DC

11/5/85

REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

(VRA 15, 4)

should be detoched with the State Dept

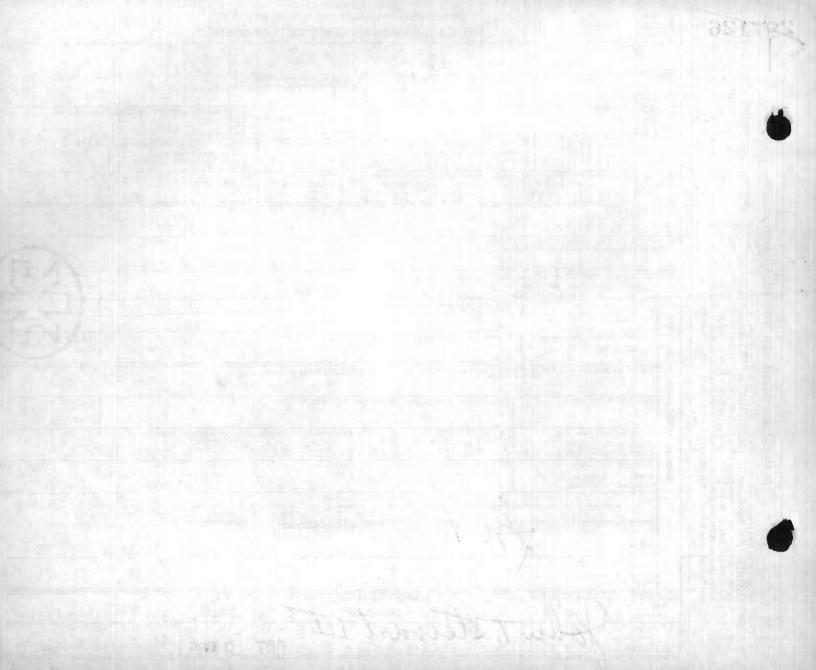
FUNERAL DIRECTOR

POLICE PROPERTY OF THE PROPERT 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRISTON STREET, R. Ronald Moore 10 3 19 85 SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2d HOUR DATE PRONOUNCED 7:02 Black 9.50 YRS Male Dec. DEAD 19 THE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wash., D.C. USA DIVORCED Prince George's County, FILED, B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! "unemployed Prince George's General Hospital Cheverly 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland PG YES [ NO [ 4320 North Addison Road Hats. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Melvin Moore Lenora Jones MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) 577 68 5448 Jean Moore-sister-3633 Bangor St.S 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple quishot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, 28 AUTOPSY? YES X NO 1 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:36 M. 10 3 19 85 Subject shot 21s PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, E WHILE AT WORK 5300 Blk. Sheriff Rd, Chapel Oak, P.G.CO, MD. street Autopsy X 270. I certify that I took charge of the families described above, held on Inspection Inquiry and in my opinion Homicide X death resulted from: Natural cou Suicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/4/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATOR Buria Harmony Memorial Park Landover, Maryland 07/84 25AA 24. FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Guia Davidson- Randon Stewart Funeral -4001 Benning Road, NET (VR A15 ME (5)) Home



#### FOR - STATE REGISTRAR

I DECEASED NAME

Mala

John

4 RACE

Caucasian

(TYPE OR PRINT)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💂 CERTIFICATE OF DEATH

Morris

Seb. 25 1917

5 DATE OF BIRTH

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	6.40	

1985

IF UNDER I YEAR

INDUSTRY

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22c DATE SIGNED

Md.

REG. NO 20 DATE OF DEATH MONTH

October 31,

6 AGE (IN YEARS LAST BIRTHDAY)

126 KIND OF BUSINESS OR

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IF UNDER 24 HRS

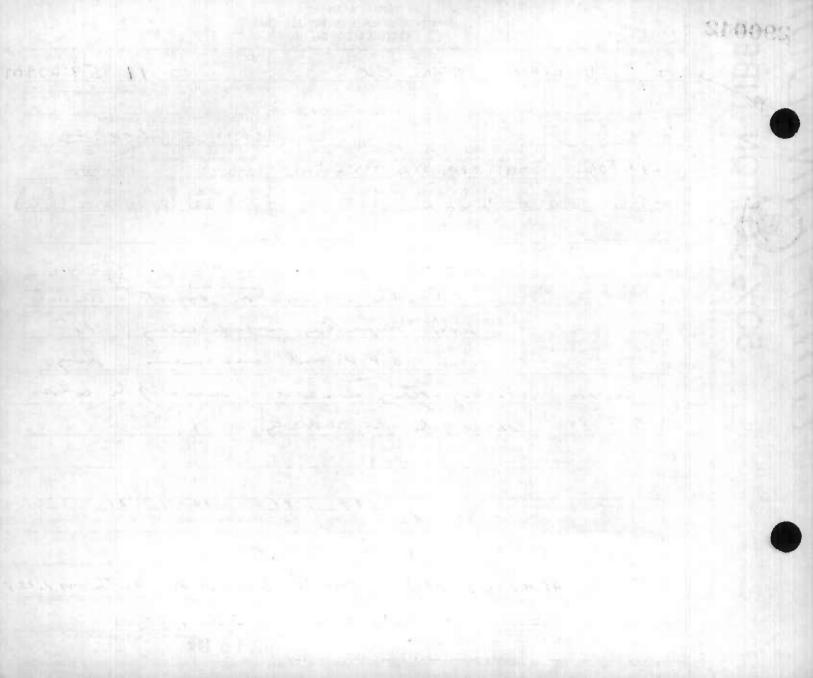
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01 W. PRESTON ST., BALTIMORE, MARYLAND 21201	for the death	I by the other cine and completely falled in by the funeral director, pagence or bonjapper Pages 1 and 2 should be filled within 72 hours after de all companies, a many
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76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Penna. MARRIED NEVER MARRIED U.S.A. Pr. Geo. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION Ret. Mechanic Hyattsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Pr.Geo. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Ivattsville 6211 - 20th Ave. YES K NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE David Morris Agnes 166 SOCIAL SECURITY NO 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES, GIVE WAR OR DATEST 168-12-8031 Rowena Tyrrell - above address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastatic Carcinoma of Prostate Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 0-1-20 abave, (1) (we) (did) (did not view the body after death and that in (my) (our) opinion death accurred an the date and have and from the couses stated 226. SIGNATURE DEGREE ATTENDING -MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL Brentwood Burial Ft.Lincoln Com. 24 FUNERAL DIRECTOR Nalley's F.H. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE the way don-Inc.

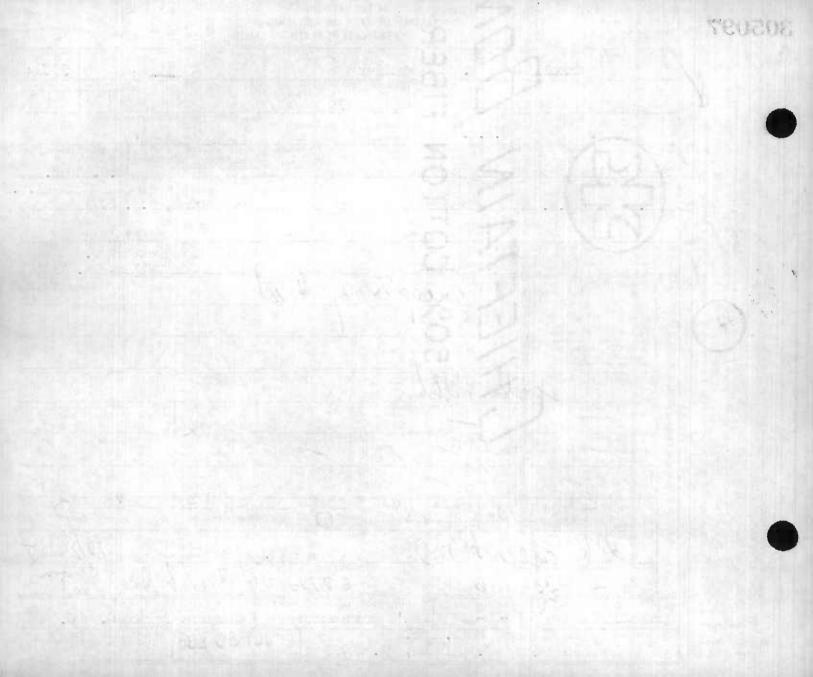
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W.	Y DECEASED NAME	FIRST	MIDDLE	STATE OF	LAST	2500	2a. DATE OF		DAY YEAR	26 HOUR
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E a	3. SEX	C 2016	4 RACE		5 DATE OF BIRTH		6. AGE IN Y	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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the fur	TO CITY OR TOWN O	DEATH	11. NAME OF HOSPI'		HOME OR OTHER		12a USUAL C	CCUPATION  FORMOST OF WORKIN	126 KIND O INDUSTRY	F BUSINESS OR
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Mary Jane Moore

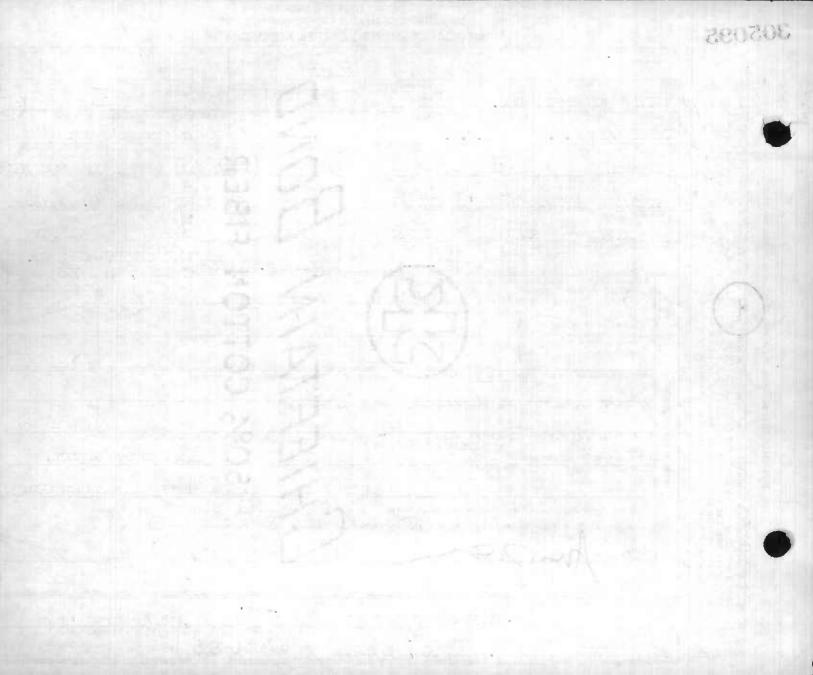
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DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED WITING THE WORD "PENDING". IN PEN BED TO THE CHIEF MEDICAL EXAMILATION SHOULD BE USED AS A BURIAL. THE DEPARTMENT OF HEALTH AND MENT I PRIOR TO BURIAL, CREMATION, OR	Z													
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	BE 4 NO	1	EXAMINER'S NAME	Ann	M. Dixo	n, M.D.			111 Pe	enn St.	, Balto	)., ME	21	201	
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE A SHOULD BE FOUNEED INFECTO AFTER DEATH, WITH THE BANTIMORE, MARTIMORE	23a PI	JRIAL, CREMATION.	DEMOVAL I 221	DATE	Ing. 516	ME OF CEMET	ADD	RESS						
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 25 HOUR TYPE OR PRINT) Nesbitt October 25, 1985 5:00a M Grace 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE MONTH 1916 BLACK APR. FEMALE To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's DIVORCED X FLORIDA U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Leland Memorial Hospital Riverdale RET. -COOK UNIV. OF Md. ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #403 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE P.G.C. COLLEGE PARK 9014 RHODE ISLAND AVE. 20740 Md. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE CHARLES J. ROSE DIVIDIT BRINKLEY ADDRESS 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT NEW YORK 212-18-7996 BERTHA LUNFORD 879 PENNSYLVANIA AVE. BROOKLYN BETWEEN ONSET AND DEAT 120 18 CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CATION 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 215 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC ALEXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET FACTORY, OFFICE FARM, ETC I CITY OF TOWN STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram\_ and that in Iny (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN & DIRECTOR PHYSICIAN 10-25-85 22 PHYSICIAN'S NAME CTYPE OF PRINT Robert Ruderman, M.D. 6510 Kenilworth Ave., Riverdale, Md. 20737 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 10-30-1985 LAUREL P.G.C. Md. BURIAL MARYLAND NAT'L. CEM. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) W. W. CHAMBERS CO. RIVERDALE. Md. 2073

STATE OF MARYLAND

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TIE!	CTO for			saw the decease above, (I) (we) (d	d alive an . di_(did nat	vigiv the bady	y after death.		d that in (my) (aur) apınia	n death occurred an the	date and hour		-
~ °	DiRECTORED DIRECTORED FOR THEM 1	- 4		22b. SIGNATURE	10/	7 0	-		DEGREE	/ MEDICAL C	TAFF	22t DATE	SIGNED C
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7	6 F 2 2 7			URIAL, CREMATION,		23b. DATE	10=		EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
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DH	IMH - 16 60M 7/I	34	24F7	HINE DE CORS C	h's S	ons Fu	neral <sub>ADD</sub>	lome, P.	25a. D.	OCT 22 198	AR 256 REGISTI	RAR'S SIGNAT	Mandalle
	(VRA 15, 4)		47	39 Baltimo	re Av	enue H	yattsvi	ille, Man	yland 20781	101 44 100	J 181		

. 10-15-85 4 5556 CHAS TALL

in by the funeral director, page 3 of filed within 72 hours ofter death

DRE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR	

CERTIFICATE OF DEATH

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							REG. 14	J.				
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	MALE	1.71	HITE		MONT	7. 25. 1902	82	1100	MONTHS DAYS	HOURS MIN.		
7a B	BIRTHPLACE ISTATE OR FOR			AT COUNTRY	? 8		9 BALTIMORE CITY O	R COUNT	Y OF DEATH			
1	COUNTRY)	,	MARRIED   NEVER MARRIED				Prince George's					
lin c	PA.		U.S.A.		WIDOWE O	DIVORCED DIVORCED	12a USUAL OCCUPATI			F BUSINESS OR		
	Lanham	DÖÖ	TORS	HOSPI	TAL OF	PR. GEO. CO.	RET. ENGIN	F WORKING L	IFE) INDUSTRY	GOV'T.		
	JAL RESIDENCE (IF NURSING	HOME OR OTHER INS		E RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP COD	F			
1	Md.	P.G.C.	A STATE OF THE STA	GREENBE		YES X NO			RD.#T2	20770		
14. F.	ATHER'S NAME		144			15. MOTHER'S MAIDEN NAM	ME	1,020				
	COXEN	H.	and the second s	WTON		CATHERINE			O'NIEI			
	WAS DECEASED EVER IN	U.S. ARMED FO	DATES)	SOCIAL SEC		17 INFORMANT	ADDRE		1 KILMER	R ST.		
	NO		- 1	577-03-	-8292	LEONARD R. N	VEWTON	CHEV	ERLY Md	20785		
	18 CAUSE OF DEATH	Enter only one co	ouse per line	for ioi, (b), c	and (c				APPROXI BETWEEN C	MATE INTERVAL		
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	underlying cause	lost	(c)	S A CONSEO	UENCE OF							
z					DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	VEN IN PART 110	0		
1 8	Serza		FORM		H OBERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IE VE	S, WERE FINDIN	ICS HEED		
CERTIFICATION	IVE DATE OF OPERATION	140	CONDINC	N FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO X	IN CERT	IFYING CAUSES			
	210 ACCIDENT WAS UNDER	110	TIME OF IN	MONTH I	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	Y IN ITEM 18	PART I OR PART 2)			
SA	(IF EITHER NOTIFY MEDICAL		P.M.		19							
MEDICAL	WHILE NOT WHILE AT WORK	IAT	PLACE OF HOME, STREET,	INJURY FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	22a 1 certify that (1) th	nis haspital) atte	nded the d	eceosed from	10-	4 19.85	_, to 10-15		19 8 1	that (I) we lost		
	saw the eceased above (1) (we) did	alive an	10-15	19	85,00	nd that in my (aur) apinion o	death accurred on the de	ate and ho	ur and fram the	causes stated		
	22b. SIGNATURE	( did not) view to	ne body one	er death.		DEGREE		-	22c DATE	SIGNED		
	1 Mari	. (3	1000	2		ATTENDING PHYSICIAN K	MEDICAL STAI		10	-15-87		
1	22d PHYSICIAN'S NAM	E (TYPE ( TYPE )	Level	0		22e ADDRESS	J OWECTOR I PHISIC	IAI4				
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	BURIAL, CREMATION, RE	MOVAL 23b. D	ATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
	BURIAL	DCT	. 19.	1985	CEDAR	HILL CEMETERY	SUTTLAN	D.	P.G.C.			

TO FUNERAL DIRECTOR. After should be detoched for use as with the State Dept of Health IMPORTANT: If Item 21 is

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

W. W. CHAMBERS CO.

RIVERDALE, Md.20737

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

THE RESERVE OF THE PROPERTY OF one are a residence of ATTACO DE LA CONTRACTOR MINERAL DEV. 19,1935 CHARTEL CLASSER MINERAL P.O.O. P.O.O. P.O.  BALTIMORE, MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS, 201 W.

- STATE REGISTRAR

STATE OF MAKTLAND

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Greater Laurel Beltsville Hospital

IF LINOER 24 HR

12b. KIND OF BUSINESS OR

Wilchoff

20866

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

October 29,198\$

FOR MOST OF WORKING LIFET INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's

Retired Supervisor

ADDRESS

13. STREET ADDRESS / ZIP CODE 5120 McKnew Road

MIDDLE

Ethel Rumke-daughter-(same as 13e)

20a AUTOPSY

	DI	CERTIFICATE OF DEATH	HYGIENES	5	la	A	64	9	(fre
		CERTIFICATE OF DEATH		REG. N	NO.				
FIRST	MIDDLE	LAST	2a DATE	OF DE ATH	MONTH	DAY	YEAR	2b H	ΟU

DIVORCED

13d. INSIDE CITY LIMITS?

17 INFORMANT

15. MOTHER'S MAIDEN NAME

Wihlemina

CEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF D		
E OR PRINT)	Hilda	R.	No11			
Х	101	4. RACE	5. DATE OF BIRTH	6. AGE TINYEAR		
Female	JAMES I	White	Feb. 12, 1904	Maria S		

Burtonsville

LAST

To. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED

Ohio USA

O CITY OR TOWN OF DEATH

FOR

Laurel

COUNTY Montgomery Maryland 14 FATHER'S NAME

Max

CERTIFICATION

MEDICAL

00

ö

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gave rise to immediate cause (a), stating

underlying cause last

19a DATE OF OPERATION

21d INJURY OCCURRED

226 SIGNATUR

24 FUNERAL DIRECTOR

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE AT WORK

LIFETHER NOTIFY MEDICAL EXAMINER

saw the deceased place

(IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST

MIDDLE

273-62-1141

Heim

166 SOCIAL SECURITY NO.

DUE TO, OR AS A CONSEQUENCE OF CVA

DUE TO, OR AS A CONSEQUENCE OF CAD, CHF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR PM

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC )

22a.1 certify that (1) (this hospital) attended the pleceased from 85

DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

211. LOCATION

STREET

22e ADDRESS

23c, NAME OF CEMETERY OR CREMATORY

BAUT AVE COLLEGE PARIC MO

CITY OR TOWN

should be deta

MPORTANT

DHMH - 16 50M 4/B3 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

23b. DATE

Hines Rinaldi Funeral Home Silver Spring, Md.

MEDICAL

Nov. 4, 1985 St. Marks Church Cemetery Silver Spring Montg. Md. wowindoon-Mandelle

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART ) OR PART ?)

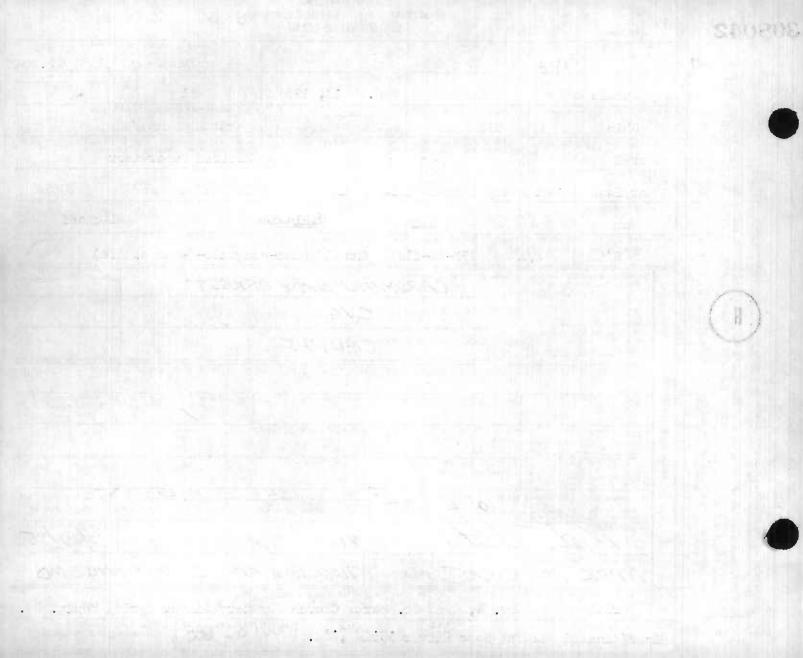
20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED



290134	1-	FOR STATE				NT OF HEA	F MARYLAN	ENTAL HY	797.	2	9	, 4	5
NO TO I	I DE	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	AMINEK	S CERTIFIC	CATEOF	20. DAT	REG. NO		DAY YEAR	Pi 1101
A 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E OR PRINT)	Annie		Lynn		Ogilvie		OF		10/1		7:4 A.
PRY, PLEASE DIRECTOR. DUR FILES. 72 HOURS DN STREET,	3 SE		hite	Sep. 5, 1	YEAR	AGE (IN YEARS LAST BIRTHDAY)  93 YRS.	ONTHS DAYS	HOURS N		UNCED	10/1	DAY YEAR 14 19 85	7:4 A.
IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. ED. WITHIN 72 HOURS I W. PRESTON STREET,	FC	RTHPLACE (STATE REIGN COUNTRY)		76. CITIZEN OF WI	HAT COUNTRY	M	ARRIED NE	VER MARRIED DIVORCED		ince Geo	_	OFDEATH	
A PARES	10 C	Bowie	DEATH	11. NAME OF HOS 11. NAME OF HOS 12500 S	PITAL, NURSII CHITY, GIVE STREE  tem Lai	NG HOME, OR TADDRESS)		TION II	a USUAL OCC	CUPATION (TYPE VORKING LIFE) Teller	OF WORK	26 KIND OF BI OR INDUST Banking	USINESS TRY
F ANY DELL F ANY DELL S AND 3 TO S SHOULD BE AL'RECORDS	130 S	aryland	I NURSING HOME OF THE TRANSPORT	or other institution, GI	13c. CITY OR	TOWN	13d INSIDE C			Stem Lar	ne	20715	
E E-SOE		James		William		nith	Ar	er's MAIDEN		Lynn		Young	3
BALTIMORE  J. GIVE PAGES  WITH FORM P.  P. PAGESTANN  DIVISION OF	160 \	VAS DECEASED EN ES, NO, OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	263-0°	SECURITY NO 7-8197		E. OE	gilvie	12500 Bowie	Stem, MD	Lane 20715	
201 W. PRESTON ST UTED WITHIN 24 HOU IN PENCIL IN ITEM I EXAMINER ALONG SIAL - TRANSIT PERMI D MENTAL HYGIENE, ON, OR REMOVAL.		Conditions,	I WAS CAUSEI  IMMEDIA  if any, which to immediate ting the <u>under-</u>	TE CAUSE (a) A DUE TO, OR (b) C	cute my	yocardi QUENCE OF Myocar	al disea					BETWEEN ONS	ET AND DEA
L RECORDS, UID BE EXEC "PENDING" FF MEDICAL ED AS A BUF HEALTH AN AL, CREMATI	NO	PART 2 OTHER SIGNIF	CANT CONDITIONS	None None	BUT NOT RELATED	TO THE TERMINAL C	ISEASE OR CONDITION	N GIVEN IN PART I	(0)				
	CERTIFICATION	190 DATE OF OP		19b. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFOR	MED?				20 AUTOPSY	(? NO <b>X</b> )
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RED TO THE CHIEF E S S SHOULD BE USE E DEPARTMENT OF THE OFF TO PRIOR TO BURRING		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR		MONTH DA	AY YEAR	E. HOW INJURY		ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART	2)	
DIVISI THIS CERT WARDED PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCC WHILE AT WORK		21e PLACE ( STREET, FAC	OF INJURY () TORY, FARM, ETC.)	AT HOME, 2T	STREET		CITY OR	TOWN	COUN	IŢY	STATE
DICAL EXAMINER: TETHE CERTIFICATE A SHOULD BE FOR NERAL DIRECTOR: IDEATH, WITH THES		220. I certify the death resulted for ACTUAL SIGNATURE EXAMINER'S NAI (TYPE OR PRINT)	Now Now	ge of the remains des ral causes	Accident [	Suicide	TITLE (S  M.D. Dep	outy 919 Se	Undetermined  _MEDICALEX  minary  Spring	manner ,	DATE SIGNED	10/14	4
	- {:	URIAL, CREMATION PECIFY)  moval/Bu	N, REMOVAL 2		23¢ NAA	NE OF CEMETE	RY OR CREMATO	ORY	23d. LOCATION		COUNT	Y 5	TATE
07/84 BP DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR	Kerth	1600	O Annaj	polis R 20715-	oad	250. DATE REC	15 198	RAR 25 PREGIS	STRAR'S SIC	NATURE	R

Mississippi UEA Banking

Recirc Toller Fanking

X

X

X

Zumes X

Zumes Smith Antie Lynn Young

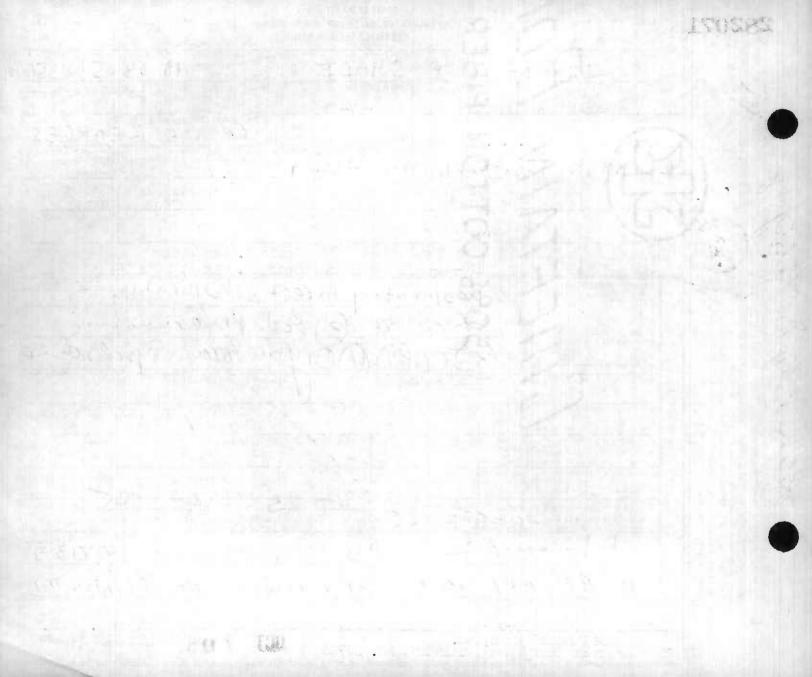
10 ---- 263-07-8197 Jumes 3. Onlyte Howle, MD 20719

Removal/Furiel Ont 18,1989 of this Semestery 16000 funciplis Rond

Bull that al Edma Bowie, 10 2011-3043

Collegess, Loys, Cloride

STATE OF MARYLAND 282071 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS OSFP 2 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH YEAR HOURS Male Caucasian 04 - 17 - 0276 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED Tran O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Owner Private SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO IVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Virginia Fairfax Viena NO 10004 McDuff Ct 22180 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Petros O'Hadi Malexi Gloria P. Barsanti 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! 10004 McDuff Ct. Viena, Va 22180 No 220-40-2693 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS TRIBUTING TO DEATH BUT TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG O CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ 216 TIME OF INJURY 210, ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an deceased alive an above, (I) (we) (did) (did not) view the bady of the and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN! 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) WOON 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN COUNTY STATE Resurrection Cemetery Clinton Burial Prince G. Md 24 FUNERAL DIRECTOR Funeral Home, Inc. DHMH - 16 60M 7/84 we want about Old Alexander Ferry Road, Clinton, Md. 20735 (VRA 15, 4)6633



294063

FOR DEPARTMENT OF

4739 Baltimore Avenue Hyattsville, Md. 20710

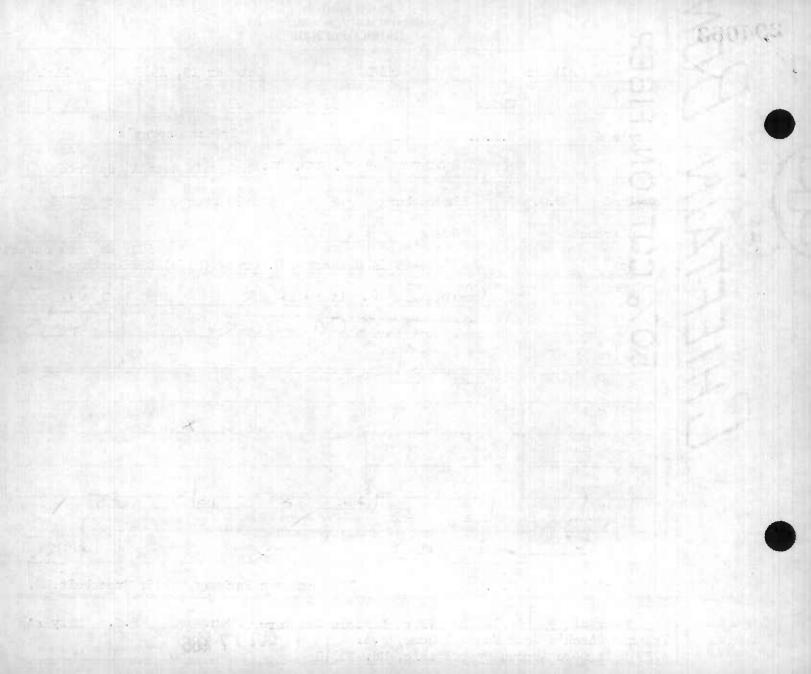
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CFRTIFIC ATF OF DEATH

5 2 9 4 4

/	REGISTRAR				CLRIII	ICATE OF DE		REG. N	10.		
	ECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH		Y YEAR	26 HOUR
[17]	PE OR PRINT)	Alber	t	W	ORWI	[G		October 13	, 1985		11:20pm
3 SI	EX	200	4. RACE		5. DATE O			6 AGE (IN YEARS LAST BI	RTHDAY) IF	FUNDER I YEAR	
	Male	100	White	2	May	<b>5</b> ,	1902	83	YRS	ONTHS DAYS	HOURS MIN.
7a 8	SIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDICI	D X NEVER MA	PRIED T	9 BALTIMORE CITY	_		
	Maryland		U.S.A	A.	WIDOWE		RCED	Prince	George'	s	MD.
10. 0	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN				120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
	Lanham		DOCTOR	HEACILITY GIVE STREET HOSPI	TAL OF	F PR. GE	o. co.	Wholesale		Seaf	
	JAL RESIDENCE (IF NUR!	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
M	lary1and	P.G		Bladens		YES X	10 🗆	5999 Emers		eet 2	20710
4 F	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S A	AAIDEN NAM	AE MIDDLE		LA	SI
	Clarenc	e		Orwig		Mo	llie			Ban	ike
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMAN		ADDF	333	9 Emer	son Stre
	NO NO OR UNKNOWN)			218-14-	6915A	Catheri	ne L.	Orwig (Wif	e) Blac	densbu	irg, Md.
	18 CAUSE OF DEAT	H (Enter on	y one cause pe	tige far (a), (b), on	nd (cs.)	0				APPRO) BETWEEN	XIMATE INTERVAL
	PART I. DEATH W		E CAUSE (a)	ereber	woul	n lec	cede	2		28	lus
		IMMEDIAL	L CMOSE IO								1
		IMMEDIAI		B-AS A CONSEQUE	ENCE OF .	000		Α.		1.00	0 -
	Conditions, if any			PAS A CONSEQUI	ENCE OF	2 an	erogel	ersin		15	yours
	gave rise to imi	, which	DUE TO, O	Levero		2 an	erosel	ersi		15	years
		, which mediate ng the	DUE TO, O	R AS A CONSEQUI		2 Gn	erosel	win		15	yours
	gave rise to imicause (a), statir underlying cause	, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)	r as a consequi	ENCE OF			NAL DISEASE OR COI	NDITION GIVE	15	yours
NOI	gave rise to imicause (a), statir underlying cause	, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)	r as a consequi	ENCE OF				NDITION GIVE	15 I	yours
CATION	gave rise to imicause (a), statir underlying cause	, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	r as a consequi	ence of <u>Death</u> but	NOT RELATED T	O THE TERMI		20b IF YES,	WERE FIND!	INGS USED
IIFICATION	gove rise to imicouse (a), static underlying cause PART 2. OTHER SIGI	, which mediate ng the e last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUI	ence of <u>Death</u> but	NOT RELATED T	O THE TERMI	NAL DISEASE OR COM	20b IF YES,	WERE FIND!	
CERTIFICATION	gove rise to imicouse (o) stotir underlying couse PART 2. OTHER SIGI	, which mediate ng the last.  NIFICANT C	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUI	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR COI	20h IF YES, IN CERTIFYI YES	WERE FIND!	INGS USED S OF DEATH?
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-	gove rise to imicouse (o), stofir underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (JETHER NOTIFY MEDI 214 INJURY OCCUR	, which mediate ag the last.  NIFICANT CONTINUE CAUSE OF DEALICAL EXAMINER RED	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  TH. TIME C  HOUR A.  P.  21b. PLACE	R AS A CONSEQUI	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO N WAS PERFORA 21c. HOW INJU	O THE TERMI MED URY OCCURRI	NAL DISEASE OR COI	20b IF YES, IN CERTIFYI YES	WERE FIND!	INGS USED S OF DEATH?
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-	gove rise to imicouse (o), stofir underlying couse  PART 2. OTHER SIGI  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER NOTIFY MEDI AT WORK NOTIF	, which mediate ng the e lost.  NIFICANT C  TION  DERLYING  CAUSE OF DEA  ICAL EXAMINER  RED  HILLE  RK,  (this hospit)	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  AND TIME COND  THE PLACE (AT HOME STILL  (AT HOME STILL  (al) Ottended the	R AS A CONSEQUI	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	NOT RELATED TO N WAS PERFORA 21c. HOW INJU	O THE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)  CITY OR T	20b. IF YES, IN CERTIFY! YES URY IN ITEM 18 PAR	WERE FINDI ING CAUSES (COUNTY)	NGS USED S OF DEATH? NO STATE
-	gove rise to imicouse (o), stofir underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERA  210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR  WHILE NOTIFY MEDI 21d INJURY OCCUR  WHILE NOTIFY MEDI 220 I certify that W sow the decess obove	, which mediate ng the e lost.  NIFICANT C  TION  DERLYING  CAUSE OF DEA  ICAL EXAMINER  RED  HILLE  RK,  (this hospit)	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  AND TIME COND  THE PLACE (AT HOME STILL  (AT HOME STILL  (al) Ottended the	R AS A CONSEQUI	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	NOT RELATED TO N WAS PERFORA 21c. HOW INJU 21f LOCATION STREET	O THE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)  CITY OR TO SECOND OR THE CONTROL OF IN)  to Second On the control on the control of In)	20b. IF YES, IN CERTIFY! YES URY IN ITEM 18 PAR	WERE FINDI ING CAUSES (COUNTY)	NGS USED S OF DEATH? NO  STATE  that I (we) lost a couses stated
-	gove rise to imicouse (o), stofir underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERA  210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR  WHILE NOTIFY MEDI 21d INJURY OCCUR  WHILE NOTIFY MEDI 220 I certify that W sow the decess obove	, which mediate ng the elast.  NIFICANT CO.  TION  DERLYING CAUSE OF DEALICAL EXAMINER  RED  HILE CO.  (this hospit	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  19b. COND  21b. TIME C  HOUR A.  P.  21e PLACE (AT HOME STI	R AS A CONSEQUI	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	NOT RELATED TO N WAS PERFORA 21c. HOW INJU 21f LOCATION STREET	O THE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)  CITY OR T	20b. IF YES, IN CERTIFY! YES URY IN ITEM 18 PAR	WERE FINDI ING CAUSES (COUNTY) and from the	NGS USED S OF DEATH? NO  STATE  that I (we) lost a couses stated
-	gove rise to imicouse (10), stoting underlying cause  PART 2. OTHER SIGN  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED)  21d INJURY OCCUR  WHITE AT WORK AT WORK  22b I certify that W sow the decease above  22b SIGNATURI  22d PHYSICIAN'S N	, which mediate ng the lost.  NIFICANT COTION  DERLYING CAUSE OF DEAL EXAMINER RED  HILE COTION  AME (TYPE O	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND   R AS A CONSEQUI	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	NOT RELATED TO N WAS PERFORA  21t. HOW INJU  21t LOCATION STREET   OTHE TERMI	VED (ENTER NATURE OF IN)  CITYORT  AMEDICAL  STA	20b IF YES, IN CERTIFY! YES OWN  10  AFF CIAN	WERE FINDI ING CAUSES COUNTY 9 COUNTY 9 22c. DATE	state that (we) lost couses stated		
MEDICAL CERTIFICATION	gove rise to imicouse 101. Stotir underlying cause  PART 2. OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING 11 CHETHER NOTHY MED  210. INJURY OCCUR  WHILE NOTHY MED  220. I certify that I Sow the decease obove.  220. SIGNATURE  220. PHYSICIAN'S N  Gabriel  BURIAL, CREMATION,	, which mediate and the elast.  NIFICANT CONTINUE CAUSE OF DEAL CALEXAMINER RED  AME (TYPE O Jaff (TYPE O JAFT (TYPE O JAFT (TYPE O JAFT (TYPE O JAF	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  19b. TIME C  HOUR A.  P.  21e PLACE  (AT HOME STI	R AS A CONSEQUI	DEATH BUT  H OPERATION  AY YEAR  19  FARM ETC.)	NOT RELATED TO N WAS PERFORA  21t. HOW INJU  21t LOCATION STREET   OTHE TERMI	VES NOT STATE OF INJURE OF	20b IF YES, IN CERTIFY! YES OWN  10  AFF CIAN	WERE FINDI ING CAUSES COUNTY 9 COUNTY 9 22c. DATE	state that (we) lost couses stated	
MEDICAL	gove rise to imicouse (o), stofir underlying couse (o), stofir underlying couse (o), stofir underlying couse (o), stofie (o),	, which mediate on the last of the last.  NIFICANT CO. TION  DERLYING CAUSE OF DEAL CA	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  19b. TIME CO HOUR A. P. 21e PLACE (AT HOME STI	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC 1	NOT RELATED TO N WAS PERFORD  21c. HOW INJU  21f. LOCATION STREET  21f. LOCATION STREET  21g. ADDRESS  7500 H	OTHE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)  CITYORT  CITYORT  MEDICAL ST/  Parkway,  23d. LOCATION  CITYORTON	20b IF YES, IN CERTIFY! YES OWN  AFF CIAN  #105, (	COUNTY  22c. DATE  COUNTY  COUNTY  COUNTY	STATE  that (we) lost couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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6m	-		

REGIS	IKAK							REG. N				
DECEASED		FIRST	N	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEA	2b HC	OUR
THE OR PRINTS		Ernes	t	E.	Ott		3.4716	October 1	2.	1985	9:	38A
SEX			4. RACE		5. DATE C			6 AGE (IN YEARS LAST BI		IF UNDER 1 Y	EAR IF UND	ER 24 HR
Male			Caucasian		Octo	ber 8,	1914	71	YRS	MONTES D.	ATS HOURS	Min
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		THE CITIZENLOS WHAT COUNTRYS I				9 BALTIMORE CITY	AORE CITY OR COUNTY OF DEATH					
Pennsylvania		TICA		100	IDOWED DIVORCED							
, CITY OR T	OWN OF DEA	ATH		HOSPITAL, NU	JRSING HOME.C	OR OTHER INS	TITUTION	120 USUAL OCCUPAT	ION	12h KIN	ID OF BUST	NESS C
aurel					el Belts	villo	Hounita			Sal	IRY Mac	nın
SUAL RESID		ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)				/ 71D COL	- 2	06/	7
		Char						Route 5, Post Office Box 399				
FATHER'S	NAME		AIDDLE	LAST		15 MOTHER	S MAIDEN NAM	NE .		<u> </u>	4.77	9,7,2
	F. Ot		ANDLE	LASI		Jean	ne E. Pa	arrat.			LAST	
60. WAS DECEASED EVER IN U.S. AR  (YES NO OR UNKNOWN)   (IF YES GIV					SECURITY NO.	Jeanne E. Parrat  17 INFORMANT ADDRESS  Martin George Gabriel Same As #13 A-E						
			WAR OR DATES)	169-12-6190								
	USE OF DEAT		Enter only one couse per			)			200.00		PROXIMATE IN	
	itions, if ony,		DUE TO, OF	Can	CEN ST	Luc	ie int	to meta	stari	2/0	me	ul
gove couse under	rise to imn (o), stofin lying couse	nediate ig the lost	(c)	Cam R AS A CONS	EQUENCE OF	NOT RELATED	o TO THE TERMI	to meta Localli	stani 1	IVEN IN PAR	Tio	ul
gove couse under	rise to imn (o), stofin lying couse	nediote g the lost	DUE TO, OR  (c)  ONDITIONS CO	CAN R AS A CONS	EQUENCE OF	F-15-2		NALDISEASE OR COM	20b. IF YI	IVEN IN PAR  ES, WERE FIN  IFYING CAU  (ES	NDINGS US	ATH?
PART 2	rise to ima (0) stofin llying couse 2 OTHER SIGN TE OF OPERAL CIDENT WAS UNE	nediate g the lost  NIFICANT C	DUE TO, OR  (c)  ONDITIONS CO  196 CONDIT	CANS R AS A CONS DITRIBUTING TION FOR WI	EQUENCE OF	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YI IN CERT	ES, WERE FIN IFYING CAU IES []	NDINGS US ISES OF DE NO	ATH?
PART 2	rise to imm (o) statin lying couse 2 OTHER SIGN	nediate g the lost  NIFICANT C	DUE TO, OR  (c)  ONDITIONS CO  196 CONDITIONS  216 TIME OF HOUR A.A.	R AS A CONS  TION FOR WI  FINJURY M. MONTH	EQUENCE OF	N WAS PERFO	DRMED	20a. AUTOPSY? YES NO	20b. IF YI IN CERT	ES, WERE FIN IFYING CAU IES []	NDINGS US ISES OF DE NO	ATH?
PART 2	rise to imm (o). stotin (o). s	NIFICANT C	DUE TO, OR  (c)  196 CONDITIONS CO  196 CONDITIONS A.A.  P.A.  216 PLACE C	R AS A CONS  ONTRIBUTING  TION FOR WI  FINJURY M. MONTH M.  OF INJURY	EQUENCE OF	N WAS PERFO	DRMED  NJURY OCCURR	20a. AUTOPSY? YES NO	20b. IF YI IN CERT Y URY IN ITEM IB	ES, WERE FIN IFYING CAU IES []	NDINGS US USES OF DE NO	ATH?
PART 2  190 DAT  21d. ACI  WHILE  AL WORK  270.1 cc  Sovo	rise to imm (lying couse  2 OTHER SIGN  TE OF OPERA!  TE OF OPERA!  THE NOTIFY MEDIX  JURY OCCURF  MOTIVAL  MOTIVAL  WITH DEPARTMENT  WITH DEP	INFICANT C	DUE TO, OR  (c)  ONDITIONS CO  196 CONDITIONS  216 TIME OI HOUR A.A. P.A.  21e PLACE (AT HOME STRI	R AS A CONS  TION FOR WI  FINJURY M. MONTH M.  DE INJURY EET FACTORY OF	EQUENCE OF BUT HICH OPERATIO  DAY YEAR  19  FICE FARM ETC.)	211. LOCATI SIREE	DRMED  NJURY OCCURR  ON  1 19 (our) opinion d	YES NO CITY OR TO	208. IF YI IN CERT IN CERT IN USEM IB	ES, WERE FINITY ING CAU  (ES	NDINGS US JSES OF DE NO	STATE (we)!
gove couse underly PART 2 21a. ACC OR CON (IF EIT) 21d. INJ. 27a. I ce sov ob. 27b. SIC	rise to imm (0). Stolin (1) ying couse  2 OTHER SIGN TE OF OPERAT  CODENT WAS UNE STRIBUTING (1) MER NOTHY MEDIA  AT WO!  ertify that (1) w the decease ove, (1) (we) (c) ove, (1) (we) (c)	nediote g the lost lost ION  FION  DERLYING CAUSE OF DEA CALEXAMINER RED  INE (this hospit d dilive on, did) (did not	DUE TO, OR  (c)  ONDITIONS CO  196 CONDIT  216 TIME OI HOUR A.A. P.A. 21e PLACE C (AT HOME SIRI  oi) ottended the	R AS A CONS  TION FOR WI  FINJURY M. MONTH M.  DE INJURY EET FACTORY OF	EQUENCE OF BUT HICH OPERATIO  DAY YEAR  19  FICE FARM ETC.)	211. LOCATI SIREE	ON T 19 ATTENDING PHYSICIAN	YES NO CITY OF ICE	20b. IF YI IN CERT Y JRY IN ITEM IB DWN Jote ond ho	ES, WERE FINITY ING CAU  (ES	NDINGS US ISES OF DE NO	STATE (we)!
PART 2  19a DAI  19a DAI  21a ACC  OR CON  (JE EII)  21d INJ  WHEE  AT WORK  22d J C	TISE TO IMMINISTRATE TO STORY TO STORY TO STORY TO STORY THE STORY TO STORY THE STORY	DERLYING CAUSE OF DEA	DUE TO, OR  (c)  ONDITIONS CO  196 CONDITIONS  216 TIME OI HOUR A.A. P.A.  21e PLACE (AT HOME STRI	R AS A CONS  TION FOR WI  FINJURY M. MONTH M.  DE INJURY EET FACTORY OF	EQUENCE OF BUT HICH OPERATIO  DAY YEAR  19  FICE FARM ETC.)	211. LOCATI STREE	ON TO THE PHYSICIAN SESS 14800	200. AUTOPSY?  YES NO CITY OF TO  CITY OF TO  MEDICAL STA  DIRECTOR PHYSIC  4th Stree	20b. IF YI IN CERT Y JRY IN ITEM IB DWN Jote ond ho	ES, WERE FINITY ING CAU  (ES	NDINGS US ISES OF DE NO	STATE (we)!
PART 2  19a DAI  19a DAI  21a ACC OR CON (HEIII)  27d INJ 27d INJ 27d INJ 27d PH'  S.  a BURIAL, (	rise to imm (lying couse  2 OTHER SIGN  TE OF OPERAL  CIDENT WAS UNIC  NTRIBUTING ()  MER NOTIFY MEDIC  JURY OCCURE  A WOLL  ertify that ())  w the decesses  ove, ()) (we) (c  GNATURE	DERIVING CAUSE OF DEA	DUE TO, OR  (c)  ONDITIONS CO  196 CONDITIONS  216 TIME OI HOUR A.A.  216 PLACE (AT HOME STRI  OI) ottended the	R AS A CONS  TION FOR WI  FINJURY M. MONTH M.  DE INJURY EET FACTORY OF	EQUENCE OF BUT HICH OPERATIO  DAY YEAR  19  FICE FARM ETC.)	211. LOCATI SIREE 211. LOCATI SIREE 211. LOCATI SIREE 211. LOCATI SIREE 211. LOCATI SIREE 212. ADDRES	ON TO THE PHYSICIAN PHYSIC	YES NO CITY OR TO  MEDICAL STA DIRECTOR PHYSI  4th Stree  Land  1234 LOCATION	20b. IF YI IN CERT Y JRY IN ITEM IB DWN Jote ond ho	ES, WERE FINITE CAU  TES CAU  PART I OR PART  COUNTY  19 20 D	NDINGS US ISES OF DE NO	STATE (we)! stated D
gove couse underly part 2 2 10 ACC OR CON (# E11) 21d INJ 21d	TISE TO IMMINISTRATE TO THE NOTIFY MEDICAL T	INFICANT CONTROL OF THE CONTROL OF T	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS  21b TIME OI HOUR A.A. 21e PLACE C (AT HOME SIRI)  OI) ottended the 1 VIEW the body of  23b. DATE	R AS A CONS  ONTRIBUTING  TION FOR WI  FINJURY M. MONTH M.  OF INJURY EET FACTORY OF	EQUENCE OF DEATH BUT HICH OPERATIO  DAY YEAR 19  FICE FARM ETC.)  TOM  TOM  TOM  TOM  TOM  TOM  TOM  TO	21c HOW IN 21L LOCATION of that in (my DEGREE Laure EMETERY OR	ON TO THE PHYSICIAN PHYSIC	200. AUTOPSY?  YES NO CITY OR IC  CITY OR IC  MEDICAL STA  DIRECTOR PHYSI  4th Stree  Land  236 LOCATION  CITY OR IOWN	20b. IF YIN LEAN IB IN CERT YOUR IN LEAN IB OWN	COUNTY	NDINGS US ISES OF DE NO	STATE (we) I

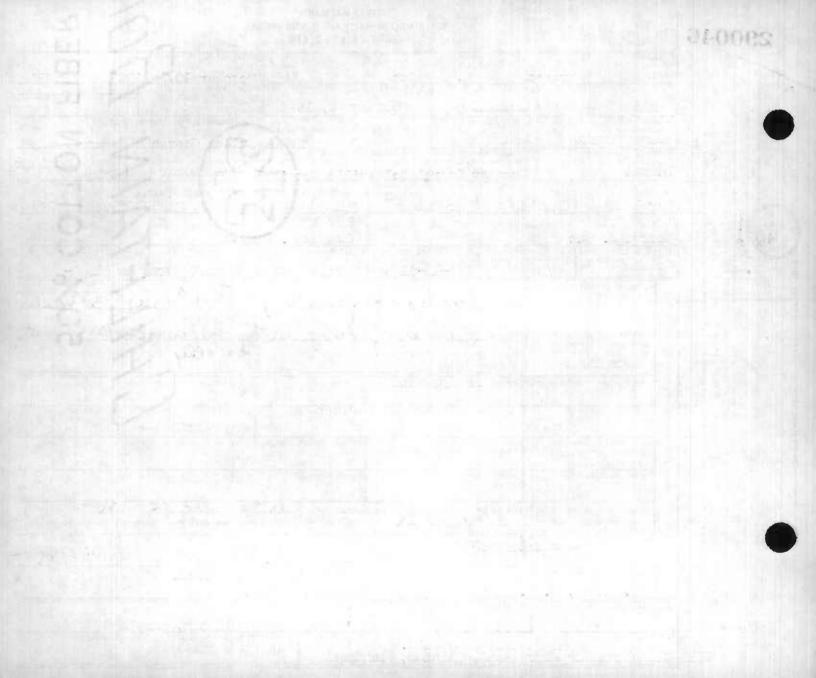
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O FUNEFAL DIRECTOR, After this

WEORTANT: If them 21 is marked or frem 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

Old Alexander Ferry Road, Clinton, Maryland



H.S. INMSHINGTONY SONS 4925 BURROLIGHS ALLE, W.E.

Julia Davidon P.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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**716 TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

50ctober

LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC.)

211 LOCATION STREET

DEGREE

CITY OF TOWN

and that in (my) ions) opinion death occurred on the date and have and from the causes stated

COUNTY

22c DATE SIGNED

Oct.7.1985

22b. SIGNAT

(SPECIFY)

71d INJURY OCCURRED

23a BURIAL CREMATION REMOVAL

22d. PHYSICIAN'S NAME LITYPE OR PRINT

Burial

NOT WHILE

saw the deceased alive on.

27e ADDRESS 7500 Hanover Pkwy. #103

ATTENDING

Greenbelt, Maryland 20770 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS,

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

73b. DATE

10/9/85

22a.1 certify that (1) (this haspital) attended the deceased from

23d LOCATION Fort Lincoln Cemetery Brentwood

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

P. G.

Maryland

the Daydon-Randelle

(VRA 15, 4)

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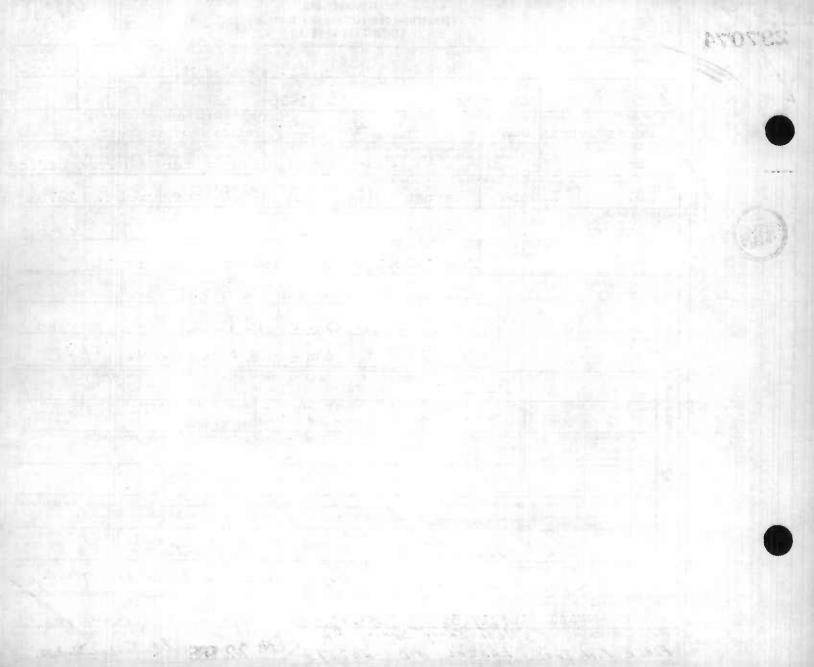
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 297074 REGISTRAR REG. NO. 2a. DATE OF DEATH DECEASED NAME HTMOM 2h. HOUR PYPE OR PRINTS George William Palmer. Sr. October 18, 1985 6:41A M A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 1 SEX MONTH 9 HOURS DAYS 1920 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA Prince Georges County WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Laurel Post office Postmaster Greater Laurel Beltsville Hospital IJO STATE Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 8306 Woodward St. Howard Savage 134 INSIDE CITY LIMITS? 20763 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRS1 MIDDLE Arthur H. Palmer Rose Teats ADDRESS 140, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 229-01-7002 | Wanda M. Palmer ves same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ( PART I DEATH WAS CAUSED BY CARDIO RESPIRATORY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF WK MULTIPLE Canditians, if any, which gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF ADRENAL CARCINOUS underlying cause last. METASTATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Bowal OBSTRUCTIO NOG NO [ YES [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220 | certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive an\_abave, (I) (we) [did) (did not) view the bady offer deam \_\_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS 274 PHYSICIAN STNAME (TYPE OF PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 73a: BURIAL CREMATION, REMOVAL 77h DATE STATE **LISPECHY** CITY OR TOWN Burial Savage Cemetery Savage Howard 24 FUNERAL DIRECTOR 330. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH-16 25M Anlin Savidson FLECK F.H. INC. (VRA 15, 4) 1/79 LAUREL, MD 20707



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR 4 RACE IF UNDER TYPAR YEAR 1900 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED . ENNESSEE States WIDOWED . DIVORCED . COKEES CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR RULSING INDUSTRY LANHAM AGNOLIA GALDENS HOME ome STIC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? PRINCE GEORGE ADDRESS IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST APPROXIMATE IN TERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) DENTH IMMEDIATE CAUSE (o) ATTEROJELAROTIC HEART DISEAGE Conditions, il ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] NO YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) WHILE NOT WHILE 220 I certify that (1) this hospital) attended the deceased from and that in (iny) (our) opinion death occurred on the date and hour and from the cooks stated did not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINT) th the 230 BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83 This Kaindy Day (VRA 15, 4)

REPLACE THE STATE OF SHIP SHIPS THE The state of the same of the s The Ballacian Commence and the State of the COMPANY AND MARKET Burney of the control of the second of the s THE RESERVE OF THE PARTY OF THE

# STATE OF MARYLAND

PAYNE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2ª DATE OF DEATH 26 HOUR 85 10 15PM 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS VEAR 13 1910 9 BALTIMORE CITY OR COUNTY OF DEATH

4 RACE S DATE OF BIRTH MONTH Female White Oct. To BIRTHPLACE ISTATE OF FOREIGN

THE CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE GEROGE GENERAL HOSPITAL

MARRIED NEVER MARRIED WIDOWEDE

DAY

PRINCE GEORGE COUNTY 12g USUAL OCCUPATION

Housewife

13e STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR INDUSTRY Own Home

20747

17200 Central

ID CITY OR TOWN OF DEATH CHEVERLY

Tennessee

Maryland

14 FATHER'S NAME

FOR

REGISTRAR DECEASED NAME

- STATE

LITYPE OR PRINTS

3. SEX

130 STATE

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Pr Geo

MIDDLE

IMMEDIATE CAUSE

13c CITY OR TOWN District

166 SOCIAL SECURITY NO

HttgES [ 15 MOTHER'S MAIDEN NAME

17 INFORMANT

1843 Tanow Place

Marguerite B Hamilton Mitchellvill

LAST Not obtainable

Harry Simmons In WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN HE YES GIVE WAR OR DATEST No

PART I. DEATH WAS CAUSED BY

EIRST

BERTHA

578-05-609 18 CAUSE OF DEATH (Enter only one couse per line force), ond is

mellitus

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

21d INJURY OCCURRED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1TO

LAT HOME STREET, FACTOR

CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY?

206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF DEATH? NOT NOF

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH FIE EITHER NOTIFY MEDICAL EXAMINER

216 TIME OF INJURY HOUR A.M. YEAR PM 21e PLACE OF INJURY

21f LOCATION STREET

CITY OF TOWN

COUNTY

AT WORK 22a I certify that (I) (this hospital) attended the degeosed from sow the deceased olive on. obove, (1) (wer idid) (did not) view the body ofter death

and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL PHYSICIAN TI DIRECTOR PHYSICIAN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

22c DATE SIGNED

Burial

(SPECIFY)

226 SIGNATURE

230 BURIAL CREMATION REMOVAL 236. DATE

BOct1985

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d LOCATION

STATE Upper Marlboro Md

24 FUNERAL DIRECTOR NAME RObert E Wilhelm (VRA 15, 4) Funeral Home

Suitland, Md

Mount Carmel

Cemetery

DHMH - 16 60M 7/84

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 310083 DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-Dominic Bruno 1985 Perrone DATE OF BIRTH 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY PRONOUNCED 1:07 Male White DEAD 1985 Feb. 28,1915 70 YRS Th. CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Washington, D.C. U.S.A. Prince GEorge's County, WIDOWED [ DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY S&J Riverdale Rt. 410 & 49 St. Restaurant Dishwasher SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) I STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Maryland P.G. Riverdale 5017 Somerset Road 20737 NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Dominic Perrone Unavailable 17 INFORMANT ADDRESS 5106 Kenilworth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) Mrs. Suzanne Sheckles Ave#3-Hyatts.Md. 214-32-8883 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 71a EXTERNAL CAUSE WAS 71h TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 1:04xx 10-31 10 85 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX road 410 & 49th St., Riverdale, Prince George's Co., Maryland Autapsy XX 224 I certify that I taak charge of the remains described above, held an Inspection Accident XX Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE 10-31-85 SIGNATURE EXAMINER'S NAME AFTER I Margarita A. Korell, M.D. ADDRESS III Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation | Nov. 4, 1985 | Metropolitan Crematory Alexandria Virginia 07/B4 25AA 24 FUNERAL DIRECTOR 250. DAN REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Gasch's Sons F.H. P.A. Hyattsville, Maryland the boolds (VR A15 ME (5))

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0.			177	

								REG. NO.		
		CEASED NAME FIRST		AIDDLE		ST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		ELIZA	SETH	Р	ERRY			10-1-85		7 25AN
9	3 SE>		4. RACE	The Samuel	5 DATE O		WEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
8	Fe	male	Black		4 MONTH	1 1	27	58 YRS		MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER A	APPIED [	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
1	1	S.C.	USA		WIDOWE	DO DA	ORCED _	PRINCE GEORGE		MU.
1	СН	EVERLY	PRINC	HOSPITAL, NURSING			HOSPITA	124 USUAL OCCUPATION 1779E OF WORK FOR MOST OF WORKING L Social Work	er Nor	DE BUSINESS OR
1	wa	Sh, D.C	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE  GC CITY OR TOWN  Washing		13d INSIDE C	TY LIMITS?	1521-F St NE	WashDo	20002
1	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAA		LAS	51
		Albert Brya	nt			Mami	e Walk			
-		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMA		ADDRESS		
5		res NOO UNKNOWN) [IF YES, GIV		5794272	259	Eddie	Donal	dson 1521-F	St NE W	Vash DC
1		IB CAUSE OF DEATH Enter of	ly one cause per	line for (a), (b), and	ic-1		,	1	BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (0)	Anaxi	E	neer	CIAPA	the	1/~	all
				AS A CONSEQUE	NCF OF .					
		Canditions, if any, which	( (b)_		K	21915	540m	Great	110	och .
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	1.11			. (~	-0-151
			(c)			יחוע	(2)		1.00	0 7.0
	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONDITION (	GIVEN IN PART 110	a
	ATIO	19g DATE OF OPERATION	JURDIT	ION FOR WHICH O	OPERATION	LVA/AC DEDEC	DAAED	20g AUTOPSY? 20g IF	YES, WERE FINDIN	NOS LISED
1	CERTIFICATION	198 DATE OF OPERATION	148 CONDI	MOIN FOR WHICH C	DPERATION	N WAS PERFO	KMED		TIFYING CAUSES	
	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA			19	77				
ř	MEDICAL	214 INJURY OCCURRED	21e. PLACE C	OF INJURY	525.1	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	TAL HOME, SIR	EET FACTORY, OFFICE FA	RM, ETC )	JINCET		1		3,476
	. 9	22a I certify that (1) this hospi	tal) ottended the	deceased from		7/1	, 19 00	. to [0]]	. 19	that (1) (we) last
H		saw the deceased along the above (i) well idid adid ac	Aview the botty	other death.	an an	d that m(my)	(aur) apinion d	leath occurred on the date and h	nour and from the	couses stated
		22b. SIGN STURE	1/11/	1		EGREE			220 DATE	SIGNED
- 11		word 4	um/				TTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/1	125
			PR PRINT)	1.0		22e ADDRES		1 11 01 1	0 1 - 1	mali
		JO N. X	26/040	27100		1030	o Gre	enbelt Rd, J	eabrool	1.166
-		URIAL, CREMATION, REMOVAL	236. DATE			METERY OR C		23d LOCATION CITY OR TOWN	COUNTY	STATE
-		Burial	Oct/7/	/85   Li	ncol	n Mem	orial	Suitland PG	Maryla	and

DHMH - 16 50M 7/B4 (VRA 15, 4)

25°Maryland Ave

ial Suitland PG Maryland

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

OCT 1 4 1985

Wilhelm Funeral Home

Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/B3 (VRA 15, 4) Burial 23
Page Funeral Director Robert E

Suitland

0 W 25 TT

231 NAME OF CEMETERY OR CREMATORY

9998999 DHIMH - 10 00M 7/84

Nov. 2,1985 Fairfax Memorial Park
UNERAY DECTOR MUTPHY Funeral Rome Falls Church, Va.

Fairfax Virgin

1250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

CITY OR TOWN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICICATE OF DEATH

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	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	٥.		
	CEASED NAME FIRST		MIDDLE J.	DUEI DC		MONTH DAY	YEAR OF	10:40
3. SE		ES Cauca	5. DATE	OF BIRTH  Sp. 5, 1910	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MINL
	RTHPLACE (STATE OR FOREIGN N. Carolina	ប.ន	MARR  MARR  WIDOV	NED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	E COUNTY O		MD.
300	ollege Park		HOSPITAL, NURSING HOME CHACHITY, GIVE SIREET APPRESSI SWOOD TO LAR	Dr.	120. USUAL OCCUPATE			er Day
13a	IVI A	ME OR OTHER INSTITUTION. OUNTY  T. GOD.	GIVE RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN COLLEGE PK.	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 7	zip code eetbri	lar D	r. 2074
II.F.	THER'S NAME Charles	MIDDLE R.	Phelps	15. MOTHER'S MAIDEN NA PRST JOSE	phine MIDDLE		Wil	son
	WAS DECEASED EVER IN U.S. 1955, NO OR UNKNOWN) (1F YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	577-03-62	. 17 INFORMANT	Phelps - a		ddre	88
	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O  b (b)  DUE TO, O  t. (c)	R AS A CONSEQUENCE OF	JI NOT RELATED TO THE TERA	MINAL DISEASE OF CON	DITION GIVEN	IN PART I	
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPERATI		200 AUTOPSY?	20h IF YES, V	WERE FINDIN	1444
MEDICAL CERT	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  AT WORK  22g. I certify that (I) (this I sow the decased alive	DE DEATH MINER)  P.  21e. PLACE (AT HOME. STI	M. MONTH DAY YEA M. 19 OF INJURY REEL, FACTORY, OFFICE, FARM, ETC.) Re deceased from		CITY OR TO	ry in item 18 part wn , 19	COUNTY	STATE that (1) (we) lost
	obove, (I) (we) (did) (d 22b. SIGNATOR 22d. PHYSICIAN'S NAME ( ANTONIO	id not) view the body  wish  IYPE OR PRINT!	L. Cy	DEGREE ATTENDING		FF CIAN []	10/3	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTORNalley's F.H.

Burial

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

10/7/1985

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Com.

Brentwood Pr. Geo. Md.

Mt. Rainier 250. DATE REC'D. BY REGISTRAR Md. 1985

THE BURGAL CREMATION, REMOVAL 23h DATE 2M LOCATION Burial Odenton Anne Arundel, Md. 24 FUNERAL DIRECTOR 16000 Annapolis Rd. DHMH - 16 60M 7/84 Beall Funeral Home Bowie, Maryland (VRA 15, 4)

					STAT	E OF MARYLAND						
1	FOR			DEPART	MENT OF H	EALTH AND MENTAL HYG	GIENE ()	9	9	41	5 7	
1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0 2	C NO			E355	
L.DE	CEASED NAME	FIRST	A	AIDDLE		ASI	20 DATE OF DEA	EG, NO.	DAY	YEAR	26 HOUR	_
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	COUNTRY)					D NEVER MARRIED DIVORCED	Dondanaa	0				
	aryland	DEATH	11. NAME OF H	OSPITAL NURSI	NG HOME C	OR OTHER INSTITUTION	Prince			KINDC	F BUSINESS	MD.
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14 FA	THER'S NAME			Of Calling	5-17-1	15 MOTHER'S MAIDEN NA			73.7			
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160 V	VAS DECEASED EV		MED FORCES?	16b SOCIAL SEC		17 INFORMANT		ADDROSET			inding	DA
	YES NO OR UNKNOWN	I IF YES GIV	E WAR OR DATES)	216-46-		Walan Wallan					_	
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2	PART 2 OTHER S	IGNIFICANT (			DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	1 GIVEN IN	PART 1	a	
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9	saw the deci	eased alive an	t view the body	after death	, or	nd that in (my) (aur) apinion	death accurred an	the date and	haur and	Iram the	couses stated	1
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	**	No. of Street, or other	/-		0	5500 (12) (12)					1	
	Henry	A. Wis	é Jr. M.	D.		8901 George	Palmer Hy	ry., I.	anham	, Md	. 2070	6_

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E SE	3. SEX	I RACE	5. DATE OF BIRT				INIDER OA URC		MONTH	DAY YEAR	1.
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	S.		U.S.A.			= .	IVORCED	Daines	Coommo	~ 0	
IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. HE 5 FOR YOUR FILES. HED, WITHIN 72 HOURS HAN HEES IN STREET,		TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HO	ME. OR OTH			JAL OCCUPATION	CHOTSE OF WORK	S County	SINESS
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DELAY 3 3 TO TH NO SECTION	Ft.	Washingto		llsworth F			Re	tired		Restaur	ant
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A2.32	14 FATHER	SNAME				15. MOTHER'S	MAIDEN NAME		41.1.13	1	
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5 5 5 V	(YES, NO, O	OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)					303	Hiswor	th Pl.	111111
WITH FOR	Ne	)		577-34-11	93	Barbar	s Phill	ips Oxon	Hill,	Marylan	d
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	₹ WHIL	ORK AT WORK		order, rain, eve.,	- 5	OTTLE !		CITTORTOWN	COC	DINITY	STATE
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EXAMINER: CERTIFICATE DIRECTOR: WITH THE S'	72		LAGA	lescribed above, held an	Autop	ısy 🔲 , ln	spection X,	Inquiry 4,	and in my op	inion	
MER PER P	deat	th resulted fram: N	latural couses	Accident L.	Suicide	, Homicide	Undet	ermined monner			
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TO MEDICAL ELEXECUTE THE C PAGE 4 SHOUL TO FUNEAL D A FORE CALLED AND TO THE CALLED AND TO THE CALLED AND TO THE CALLED AND TH		CREMATION, REMOVA		23c, NAME OF C						•	
	(SPECIFY)	CHEMATION, REMOVA						OCATION OR TOWN	COUN		TATE
07/84 BP	24 FUNERA	Burial	10/11/8		Memo			tland,	P. G.	Md.	
DHMH - 17	NAME	Sam Butle	r Inc. ADDR	:55	D	. C. 25a.	DATE REC'D. BY	REGISTRAR 256. R	EGISTRAR'S S	1 -	
(VR A15 ME (5))		Funeral Se		16 Kennedy	St.		061 17	1985 Fre	a Daydoc	n-Mandell	ho-

DHMH - 16 60M 7 (VRA 15, 4)

297058	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 9 4 0 1
3 75		CEASED NAME FIRST AUSTIN	ANTHONY	PIRRONE	OCTOBER 1	8, 1985 2:15P M
ge 4 may	3 SE	MALE	WHITE	5. DATE OF BIRTH  Oct. 25 1908	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS HOURS MIN.
deoth Po	W	RTHPLACE (STATE OR FOREIGN COUNTRY)  RSHTNGTON D.C.  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  U. S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO	CEORGES MD.
of the state of th	La	nham	Doctors Hos	pital of Pr. Geo.	ITYPE OF WORK FOR MOSE OF WOR	HLYORKER (Ret)
in 24 hou	130	AL RESIDENCE LIFNURSING HOME OR THE LIBE COUNTY P. 6	OTHER INSTITUTION GIVE RESIDENCE BEFO LTY FEO: HYPHSY	THE YES NO [	130 STREET ADDRESS / ZIF	WM MANOR. RO.
164	11 1	HNTHONY	PIRRON	F FRANCE	MIDDLE	SUIFFRE.
	150		MED FORCES? 166 SOCIAL SEC 519-0	1238 A M. HE	LEN TIRROL	
articon management		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	DBY:	or arrest		ROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the death or by the attendan- or emisses carb compleses, or other troumselfs.	8	Canditians, if any, which gave rise to immediate cause to stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	Distain	
The piece	Z O	PART 2 OTHER SIGNIFICANT (	(6)	D DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	DN GIVEN IN PART 11a
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 700	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
100		710 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN	TEM 18 PART : OR PART 2)
offer dir	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME STREET FACTORY OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
UTENDO ortal or CTOR A for user althreat		22a.1 certify that (1) (this haspi	tal) attended the deceased fram  10 - 18  19  11) view the bady after death.	to the second second	n death accurred an the date of	that (1) (we) last and have and from the causes stated
AL OR AL DIRECTOR DIR		276 SIGNATURE	we		MEDICAL STAFF DIRECTOR   PHYSICIAN	271 DATE SIGNED  10/18/85
HOSPIT STATE OF FUNE STATE OF		Zorayda M. L	eellacer, M.D.	8909 Old Br	anch Ave., Cli	nton, Md. 20735
BP		BURIAL, CREMATION, REMOVAL Buri	al. Oct. 22,	NAME OF CEMETERY OR CREMATORY 1985 Gate Of He	23d LOCATION CITY OR TOWN Payen Silver	Sprg. Monte Me
DHMH - 16 60M 7/84	24.1	X 1 X CT09 1/2	J Takoma Fune	0.0	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

Cat 25 1908 76 3.5% WASHENGTON DC 454 POWER CENTERS Bertarill Broke State of Parance to Shear Herneybox EN (Ret) NERYLAND I SECO HYRHSYTLLE Y - YEST-EHILLIM MANER ILL. HORRORY FERENCES FROM ERECTED FOR ELECTRICAL FOR EL Carlos Arris Tay Co. Conta. White the second of the second

REGISTRAR

(TYPE OR PRINT)

3 SEX

DECEASED NAME

Female

Margaret

4. RACE

White

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1900

Poh1

5. DATE OF BIRTH

REG. NO 20 DATE OF DEATH MONTH

October 24th.

6 AGE (IN YEARS LAST BIRTHDAY)

1985

IF UNDER 1 YEAR

INDUSTRY

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

whis Navider

22c. DATE SIGNED

STATE

STATE

26 HOUR

12:05

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

	nires that the data certification be executed within 24 hours after death. Page 4 may be	gned by the arrenting elympoly and completely filled in by the funeral director, page 3 nn please enter are the formal page 2 should be filed within 72 hours after deart burial, common at a contract of the following the formal page 2 nn please are the following the fo
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S, 201 W. PRESTON ST., BAITIMORE, MARYLAND 212D1	res	gned by the arrange and a nond completely filled in by the funeral dir n please errors are the Poges Tand 2 should be filed within 72 hav burial, crimination

TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Washington, DC DIVORCED WIDOWED Prince George's County I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) aurel Greater Laurel Beltsville Hospita housewike USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Prince George NO 334 Laurel Avenue Maruland Laurel IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Charls Tobin O. Hare Maru 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Albert V. Pohl 36 4431 same as above 18 CAUSE OF DEATH (Enter only one couse per lipe or 101, PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) POSSIPOLE ASPIRATION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF VASCULAR ACCIDENT underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION permit. 19a DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO os the bunal-transit th and Mental Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Heffe 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OF TOWN WHILE NOT WHILE 22a.1 certify that (1) this haspital) oftended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING should be detained with the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial St. Marys Cemetery Laurel, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

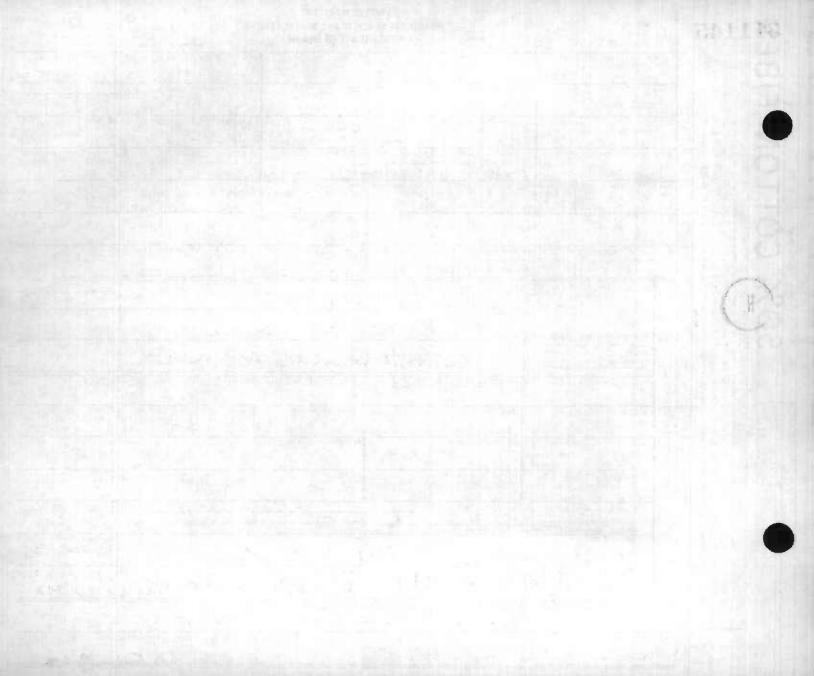
24 FUNERAL DIRECTOR

Donalfdson Funeral Home, Laurel. Md

DIRECTOR

0

BP



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201

## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. NO	2	9 4	6 3
		CEASED NAME	FIRST	^	MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Ca	ther	ine Ma	ry 1	POTTE	R	October	20,1	1985	12:24Am
	3 SEX	X		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Caucasian Dec.			.12,1899	85	YRS	JA13	MIN.
1		RTHPLACE (STATE OR F	OREIGN :				D NEVER MARRIED	COUNTY	OFDEATH		
	Illinois			U.S.A.		WIDOWE		Prince Ge	orge'	s Co.	MD.
2	10 CITY OR TOWN OF DEATH				HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND O	F BUSINESS OR
2	LANHAM			DOCTOR	S' HOSPIT	P.G.Co.	Homemaker		at hom	ne .	
		AL RESIDENCE OF NURS	13b COUN		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	71P CODE	20	26
		Md.	P.	G.	Bowie		YES NO	12814 Belhu		112	1)
7	14 FA	ATHER'S NAME	8.7	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS'	148
0	F	rank		2480	Linblom		Mary			Johns	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
		10			223-80-16	67	Lyn Whalen 12	2814 Belhurs	t Ln.	Bowie.	Md.
		PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	line far ia , (b , and					APPROXI	MATE INTERVAL ONSET AND DEATH
	7 - 1 - 6	Conditions, if ony, gave rise to imm cause (a. statin underlying cause	nediate g the	) Ib)	R AS A CONSEQUE	Dom.	enling sillur,	11. palats	kple	1.	
	NOI		ILLE S			EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	ITION GIV	EN IN PART 1 c	
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO ■	IN CERTIF	S, WERE FINDIN YING CAUSES S	
1		OR CONTRIBUTING C	AUSE OF DE A	16	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURR	ILE	21e PLACE (	OF INJURY BEI, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		22a L certify that (1) saw the decease above, (1) (we) (d	d alive on	101	19 19 8	\$ or	nd that in (my) (our) apinion	to 19 20 death occurred on the do	te and hou		that (I) (we) last causes stated
		TTN SICINIATATION					DECDEE			00 0 . 70	0.10.150

TO FUNERAL DIRECTOR hould be detach BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 10-23-85

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

14 300 Gallin

THE LOCATION

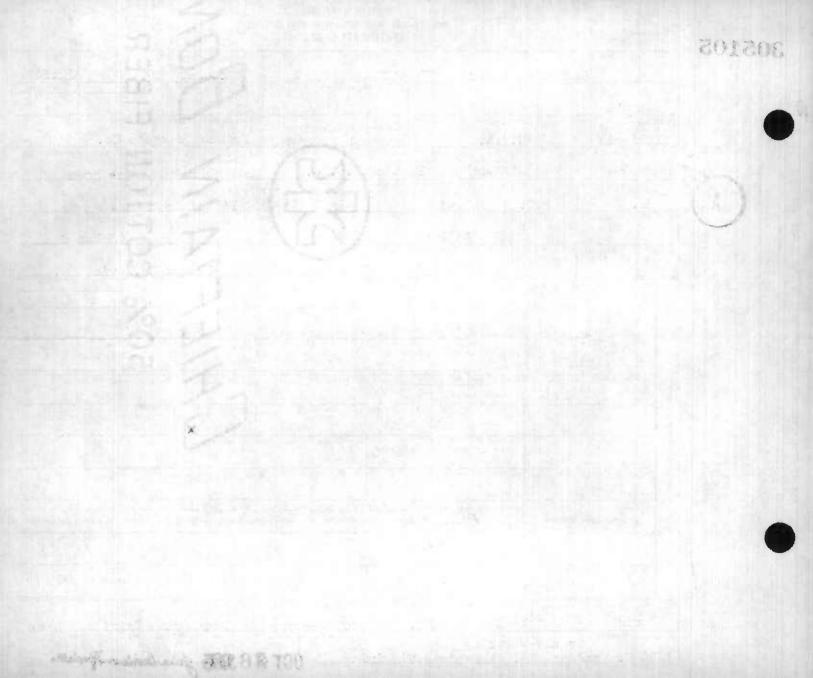
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

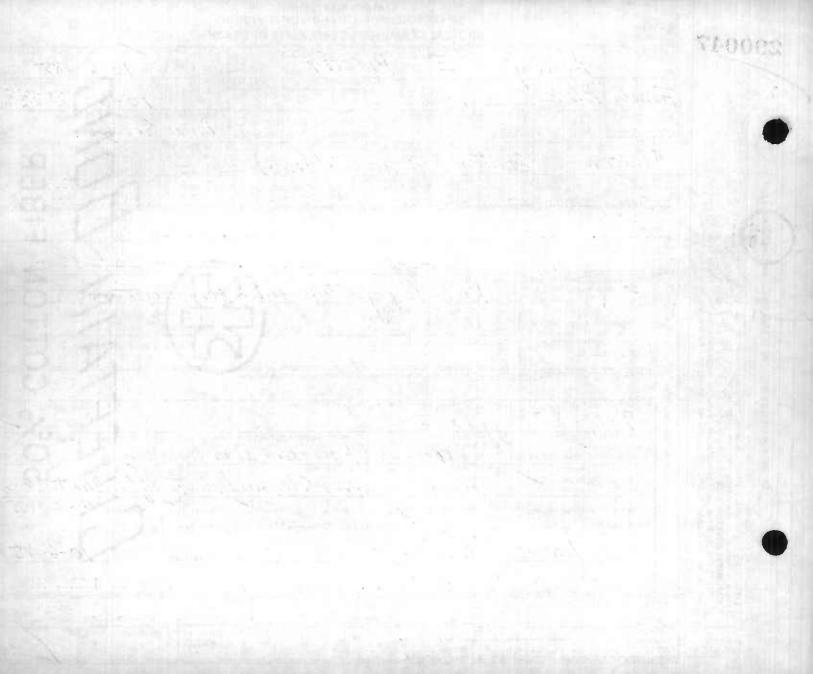
24 FUNERAL DIRECTOR Everly-Wheatley 1500 W. Braddock Rd. Alexandria, Virginia

CHAMPALOUX

Mt. Comfort Cemetery Alexandria Fairfax.



			FOR STATE			PEPARTMENT OF H		ND MENTAL H	Erg Erg	6	9 4	64
29	0047	T. DEC	REGISTRAR EASED NAME	FIRSTZ		DICAL EXAMIN		roctor		REG	NO.	DAY YEAR 26 HOUR
/	2848H	(TYP)	OR PRINT]	Audi	ruy E	E	rotto	3/		OF ESTI-		6 19 85 A
5	OUR FILE OUR FILE ON STREE	老	male 1	Black	August 1,	1908 77 YR	MONTHS	DAYS HOURS	MIN PRON	DATE IOUNCED DEAD	10-6	1985 875 N
	PRESENT A PRESEN	FO	RTHPLACE (STATE REIGN COUNTRY) Lryland	OR	USA	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	IED X	YINCE CI	Gengg	Y OF DEATH
	PAGE PAGE S. 201	10 CI	lintry	DEATH 1	STENOT BY SHITTERS	PITAL, NURSING HOME	Sp/TZ	Contr		F WORKING LIFE		76 KIND OF BUSINESS OR INDUSTRY Home
21201	AND 3 RETAIN RECORD	13a S	TATE	136 COUN		I3c. CITY OR TOWN	13d	INSIDE CITY LIMITS?	13e. STREET AL 7401		.exander	(20735) Ferry Road
CE!	100	Wi	THER'S NAME FIRST  11iam J.	Procto	MIDDLE	LAST				ockett		LAST
4	S APP GINE PA MAGES 1 VISION	{XI	VAS DECEASED E 5, NO, OR UNKNOWN	N/A	WAR OR DATES)	217-28-877		Patricia	A. Pro	ctor -		us #13 A-E
NEDS, 201 W. PRESTON ST.	EXECUTED WITHIN 24 HOLI WAS: 19 RENCIL IN ITEM 18 WOAL EXAMINER ALONG 1 A BURIAL TRANCIS PERMIT H AND MENTAL HYGIENE MATION, OR REMOVAL	7	Canditions, gave rise cause (a) sto lying cause	IMMEDIAT if any, which to immediate string the under- last.	(c)	AS A CONSEQUENCE C	OF .	CONDITION GIVEN IN PA		mples	alin	BETWEEN ONSET AND DEATH
OF VITAL RECO	ATE SHOULD BE E WORD "PEND HE CHEF MED ID BE USED AS, MENT OF HEALT O BURNAL, CRE	CERTIFICATION	19a DATE OF OF	7-85 AUSEWAS	21b. PIME OF	ION FOR WHICH OPER,  ACTURE  INJURY  MONTH DAY, YEAR		PERFORMED?	D LENTER NATURE	OF INJURY IN ITE	M 18 PART I OR PART	20 AUTOPSY? YES NO P
DIVISION	HIS CERTIFIC WRITING TH MARDED TO I AGE 3 SHOU AGE 3 SHOU AGE DEPART	MEDICAL	UNDERLYING CONTRIBUTING 216 INJURY OCC WHILE AT WORK	CAUSE OF DURRED	P.M.	9-14 1980	211 LOCAT	ocked 1000 1008	hama	my a	dag gour	Vintes Pila
•	AL EXAMINE: 1 HE CIRTIFICATE, HOULD BE FORW MAL DIRECTOR: P THE WITH THE ST E. MARWLAND, 2		220 I certify to death resulted ACTUAL SIGNATURE			cribed above, held an Accident Sui		Inspection  Homicide ,  TITLE (SPECIFY)  Deputy	Undetermine		and in my opin	. 0.
	AGE 4 S AGE 4 S AGE 4 S AGE 4 S AGE 4 S AGE 4 S AGE 4 S		EXAMINER'S NA	Aug		driguez, M.					Temple	Hills, Md
07/B4 25M	BP	Bu	JRIAL, CREMATIO PECHY) I <b>rial</b> INERAL DIRECTO	Oc	ctober 11,	1985 Resur				nton,	Marylan	od
	DHMH - 17 (VR A15 M6633	100	NAME	100 1	Funeral Hory Road, C	me, Inc. Clinton, Mar	ryland	OC.	T 1 5 40	SIRAR 7	EGISTRAR'S SK	SNATURE

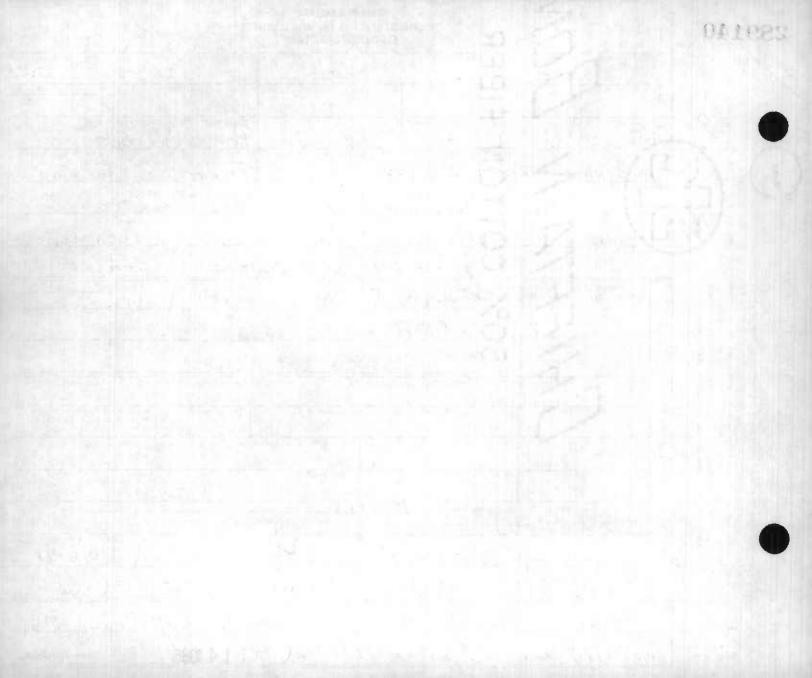


STATE OF MARYLAND 289140 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) 5 85 15:47 10 Richard Н. Proctor IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH Black. 90 14 95 4 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? (COUNTRY) MARRIED AEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE tarming USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 134 STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES W NO branduwine 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE roctor oline nompson omas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line forgat, (b), and ic-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. ree! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 0 IN CERTIFYING CAUSES OF DEATH? be NO. YES T NO T 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 21L LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) of man ceath occurred on the date and hour and from the causes stated 27h SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 22d. PHYSICIAN 5 MAME 27# ADDRES MPORT 231 NAME OF CEMETERY OR CREMAJORY 23a BURIAL CREMATION 236 DATE (SPECIFY)

DHMH - 16 60M 7/84 (VRA 15, 4)

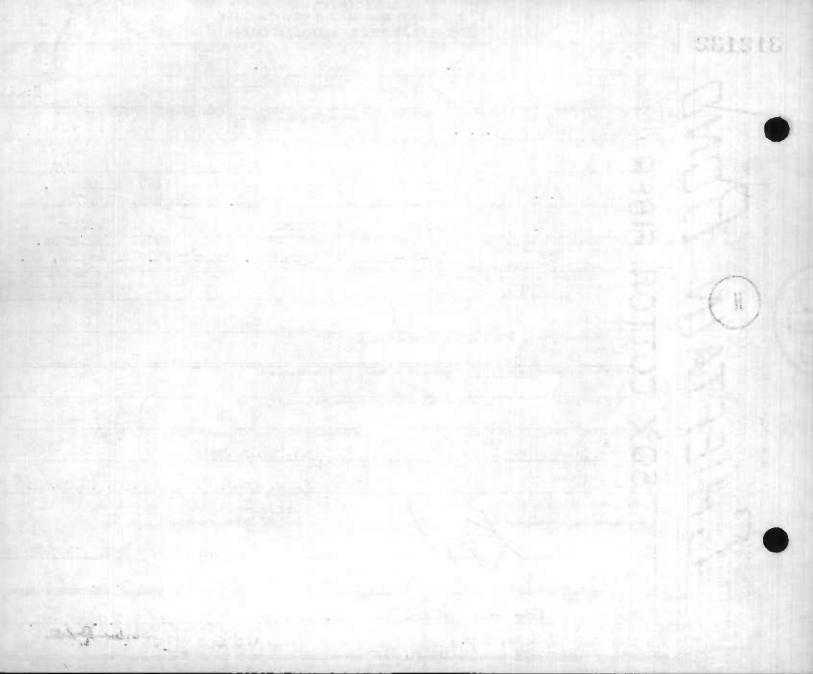
24 EUNERAL DIRECTOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 312132 20. DATE KNOWN . DECEASED NAME (TYPE OR PRINT) ESTI-Jr. A. DEATH MATED Tyrone Proctor 10 85 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 8:41A 14 YRS 09 12 DEAD Black Male LOUNTRY? TO BIRTHPLACE (STAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. Prince George's County, MD. DIVORCED D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Camp Springs Andrews Air Force Base Hospital Student Fortor Town 13e STREET ADDRESS 7400 Webster La. 13d INSIDE CITY LIMITS? Maryland P.G. YES X Ft. Washington, Md 20774 Washington 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Hatcher Joanne Tyro Proctor ADDIAGO Webster La. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 578-78-7308 Tyrone A. Proctor Ft. Washington, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR ? XXX 10 310 Subject hanged self CONTRIBUTING TCAUSE OF DEATH 85 21e PLACE OF INJURY (AT HOME 211 LOCATION 714 INJURY OCCURRED AT WORK AT WAT STREET, FACTORY, FARM, ETC.) 7400 Webster Lane, Ft. Washington, P.G.CO, MD. home O FUNERAL DIRECTOR: Inspection X 220 I certify that I took charge of the remains described above. Feld on Inquiry Autopsy and in my opinion Suicide X Homicide Undetermined monner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant 11/1/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Burial 11-05-85 Cheltenham Vet. Cemetery Cheltenham 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** NAMELee Funeral Home, ITIC. (VR A15 ME (5)) 6633 Old Alexander Ferry Road Clinton, Maryland

STATE OF MARYLAND



303072

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) AWSON RTHUR 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male Cauc. 7n BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED GEORGECMO Illineis USA WIDOWED DIVORCED A 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Photography Disabled 13e STREET ADDRESS / ZIP CODE 900 Palmer Rd. 13d INSIDE CITY LIMITS? #5 20744 Ft. Washingtonyes IX Maryland Pr. George 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Dorothy Popham Maxwell Rawson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Korea LYES NO OR UNKNOWN 219-34-9771 Dorothy I. Rawson same as item 13 yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY. month IMMEDIATE CAUSE (0)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF ABDOMINAL Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR, AS A CONSEQUENCE OF underlying couse lost CERTIFICATION MONILIASIS - 5KIN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ABDOMINAL ABSCES 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC } NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from and that in [my] (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation

10/24/85

CAPONE

231 NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

DEGREE

MEDICAL

SURRATTS RD

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

Alexandria

STAFF

22c. DATE SIGNED

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MASSINGS IN THE PASSING

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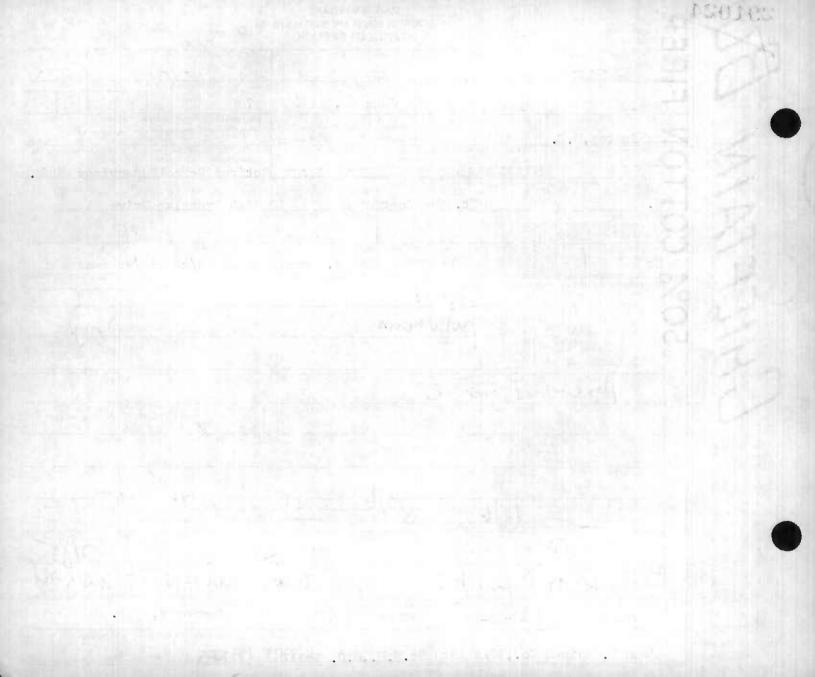
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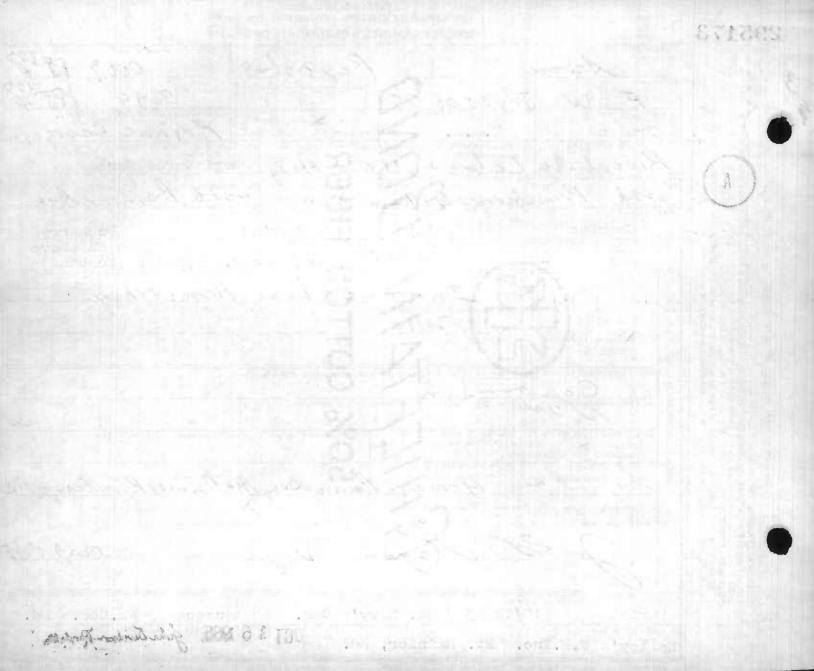
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DIVISION OF VITAL RECORDS.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN MONTH TYPE OF PRINTS OF ESTI-3 SEX DATE OF BIRTH & AGE IN YEARS IF UNDER DATE LAST BIRTHDAY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED SAJEVER MARRIED U.S.A. Ireland WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Registered Nurse 13e STREET ADDRESS YES NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Folev Catherine McSherry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESSame as above 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 578-44-3633 No Benjamin C. Reynolds (Husband CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY MOMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERA CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED ?1. PLACE OF INJURY (AT HOME 211 LOCATION WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Autopsy Accident 2 Suicide \_\_\_ death resulted fram-Natural causes Homicide L Undetermined manner TITLE (SPECIFY) SIGNAPURE MINERS NAME TYPE OF PRINT The BURIAL CREMATION REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial ITY OR TOWN 10/12/85 St. Mary's Cem. Pr. Geo. Aquasco Md. 07/84 24. FUNERAL DIRECTOR **DHMH - 17** Nalley's F.H. Inc. Mt. Rainier, Md. (VR A15 ME (5))



	STATE OF MARYLAND
200000	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 9 4 / U
203001	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST TO DATE KNOWN FOR MONTH DAY YEAR TO HOLD
ш	(TYPE OR PRINT)  OF ESTI-
CTOR CTOR FIRES. IREET,	SEX 14 RACE IS DATE OF BIRTH 16 AGE (IN YEARS I IF UNDER 1 YR I IF UNDER 24 HRS 27 DATE MONTH DAY YEAR 24 HOLLE
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- イー スタックをはつく	6 BIRTHPLACE (STATE OR THE TITLE OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH
NEGES STORES	MINISTRATION DESCRIPTION OF THE PROPERTY OF TH
Z Z S S S	
DOTHE FI	A LIE NOT IN SUGH FACILITY COVE STREET ADDRESS) . FOR MOST OF WORKING LIFE) OR INJUSTRY
70 m m % /	Chevery Prince George Gen 1. Hosp Housewife -
- 0 m = 0 m	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COMPSSION)  30 STATE 138 COUNTY 138. CITY OR TOWNS 134 INSIDE (ITY LIMITS? 132 STATE ADDRESS 24 1 Q 20712
	Md Reine beauge M& Karnights NO 1 420 02 nd Ot
0 = 2.8.3.4 P	4 FATHER'S NAME IS MOTHER'S MAIDEN NAME
	Charles W. Hillman Rhoda Williams
8 85 8 V	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
IRS AFTER DEA S. GIVE PAGES WITH FORM P DIVISION OF	(YES, NO. OF UNKNOWN) (IF YES, GIVE WAR OR DATES)   579-18-4582   James R. Rice Jr above address
JRS AFTER JRS AFTER B. GIVE P. WITH FO WITH FO I. PAGES DIVISION	(Hughand)
. OK . > . \ /	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUJ CIL IN ITEM 18 VER ALONG W AND THE REMIT AL HYGIENE, ID REMOVAL.	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ACTO MAYO CZYL IZY DIE BETWEEN ONSET AND DEATH
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PRES ITHIN CIL IN AER A AL HY REM	Conditions, if any, which
W. P. WIT ENGLENIE	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF
► H-4747	cause (a) stating the <u>under-lying</u> cause last.  DUE TO, OR AS A CONSEQUENCE OF
	(c)
NA TAR CASE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 GEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).
ECORDI D BE EXE ENDING MEDICA AS A BU CREMA A	5 /V one,
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL JE 3 SHOULD BE USED AS A BUR TO EPERARMANT OF HEATH AND TO PRORTO BURIALLY CREMATIN	196 DATE OF OPERATION  196 DATE OF OPERATION  197 CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?  YES NOTE  10 EXTERNAL CAUSE WAS  110 EXTERNAL CAUSE WAS  110 FINITURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  P.M.  19 P.M.  19 STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
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S CER RDED SE 3 S SE 3 S SE 3 S	21d INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
	WHILE AT WORK AT WORK STATE  STREET, FACTORY, FARM, ETC.)  STREET  STREET  CITY OR TOWN  COUNTY  STATE
MER: THI CATE, W PORWA OR: PAC HE STAT	
	22a   Certify that I took charge of the remains described above, held an Autapsy   Inspection Inquiry   Inquiry I and in my apinion
SYLL SECTION	death resulted fram: Notural causes , Accident , Suicide , Hamicide Undetermined manner .
PIN WAR	ACTUAL O O TITLE (SPECIFY)
A HORE	M.D. DE MEDICAL EXAMINER SKINGO S 1980
EDICAL JUNERAL NORE,	EXAMPLE S NAME
\$50 W 2 5 5 7	TYPE OR PRINT)ADDRESS
PAGE AFTER BALTE	36 BURIAL CREMATION REMOVAL 1735 DATE 1732 NAME OF CEMETERY OR CREMATORY 1736 LOCATION
	(SRECIEY)
07/84 BP	220101000 110
DHMH · 17	NAME TO ADDRESS
(VR A15 ME (5))	Inc. Md. OCT 1 0 1985 Julie Davidson Rondo

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 304202 DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) Laurence ESTI-K. DEATH MATED Rich 10 1719 85 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c DATE 2d HOUR LAST BIRTHDAYS PRONOUNCED 7:57F 3/15/1967 Male White 18 YRS DEAD 17 19 85 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., U.S.A. D.C. WIDOWED -DIVORCED Prince George's County CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Ass't. Mgr.-Retail Store Prince George's General Hospital Cheverly AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 6872 - Riverdale Rd. Md. Pr. Geo. Lanham YES TO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME BALTIMORE. Joseph Rich Ann George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 220-02-3021 Ann Rich (Mother No Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: Cranio cerebral trauma IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECU-EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" II PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL ES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIL TO FUNERAL WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS THE OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 7:05.M. 10 17 19 85 Motorcyclist in collision with auto 21e PLACE OF INJURY (AT HOME ZII LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 6800 Blk. Riverdale Rd. road P.G. CO.MD. Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry L and in my opinian Accident X Hamicide Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 10/18/85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Ft. Lincoln Cem. Md. 07/B4 Brentwood Pr. Geo. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAD 256 REGISTRAR'S SIGNATUR **DHMH - 17** Nalley's F.H. Inc. "Mt. Rainier, Md. (VR A15 ME (5))



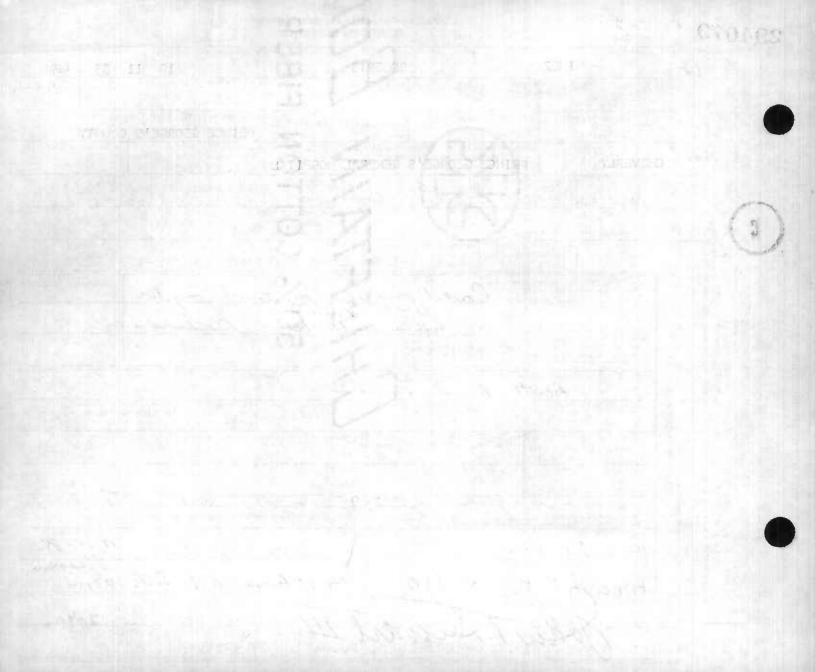
William Commencer Commence

-3	104	200	1 DE	CEASED NAME FIRST	MIDDLE	2	AST	20 DATE OF DEATH	MONTH DAY		26 HOUR
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	fter	d the	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		26. KIND OI NDUSTRY	F BUSINESS OR
1201	Surs o	3 6 0	USU	AL RESIDENCE IN NURSING HOME	DR OTHER INSTITUTION GIVE RESIDENCE BEFO	OFE ADMISSION	7. 422	Hrmy		Net1	red
AND 2	24 %	300	130	Ma. 13000		WN .	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ZIP CODE	above	
MARYL	1	11/85	14 F	William	Henra Bir	enhoin	15 MOTHER'S MAIDEN NAME FIRST	Katherin	L BI	CKh	urn
RE, I	-	8 9 1	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES 166 SOCIAL SE	URITY NO.	17 INFORMANI	ADDR		LUITO	
IMO	2			YES WI	NI 199 10	1606	Wite	San	ne		
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TON	1				DUE TO, OR AS A CONSEO	UENCE OF			d		
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3	5	orther		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	UENCE OF					
201		page 1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PARI I c	
RDS.	50	Part of the part o	NO NO								
ECO	3	prio prio	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
ALR	The Con.	sit po	RTIF			2		YES NO	YES [	]	NO 🗌
DIVISION OF VIT	AN	tron tron		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	- 110110 1 11 11011711	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 7)	
0	YSIC	Ment Went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
71510	G PH	the bond A	ME	WHILE IN NOT WHILE IT	(AT HOME STREET, FACTORY, OFFIC	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
á	ONO	Afte os se os mort						to	. 19_		that (I) (we) las
	TTEN	for of He 21 is		sow the deceased alive a			nd that in (my) (aur) apinian	death accurred an the d	ate and have an		
	A A Pos	DIRECTOR Dept.		22b. SKGNATONE	or view rice dody one octally	1	DEGREE			22c. DATE	SIGNED
	rAL C	. 2 01	8	Frank 1	· Want	M		MEDICAL STA	FF CIAN []	17	och B
	HOSPITA	FUNERAL old be det of the State		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)		Londoness One S	Puc, WRA	mc C	cras A	1 DC
	O HOSI	should be de with the State		TRANCE 1.	00 111-12		//	2	0307-	500	}
			230	BURIAL, CREMATION, REMOVA	L 231-DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2. / 00	YY	/ STATE
	BP_	100	24_E	UNERAL DIRECTOR	UCT 21,1980	TIP!	19 TON IL	E REC'D. BY REGISTRAR	256 REGISTRAR	S SIGNATI	URE
		- 16 60M 7/B4 'RA 15, 4)		onaldson F	uneral Home	- Laur	el, Ma	2/200	1. 15.11	. 50.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

REG. NO.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR C
ARNOL	D JOHN	ROHNER	October 14, 19	85 8:20 M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	August 14, 190	1 84 YRS	MONTHS DATS HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIGH	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
Iowa	U.S.A.	WIDOWED DIVORCED	- Duringa Cannala	MD,
New Carrollton	11. NAME OF HOSPITAL, NU (IF NOT IN SUCHFACILITY, GIVES 7706 Powhatan		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Elec. engineer	126 KIND OF BUSINESS OR INDUSTRY Balto. Trans.
13a. STATE   13b C	ne or other institution give residence 8 OUNTY   13c. CITY OR   Parkvi	TOWN 13d. INSIDE CITY LIMIT	5? 13e STREET ADDRESS / ZIP CODE 2920 Hiss Avenu	
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	TZAL
Frank	Rohner	Anna		Lassance
160 WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	7706 Powhatan S	treet
No	558 05	3255 Ralph Rohn	er New Carrollton,	Md. 20784
Conditions, if any, whice gove rise to immedial cause (a), stating the underlying cause las	DUE TO, OR AS A CONSE			
PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV	/EN IN PART 11a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
	DE DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF CHIP CONTRIBUTING	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased aliv	e on 10/485 d nat) view the body after death.		nion death accurred an the date and have	19 31 , that (I) (we) last or and from the couses stated
226. SIGNATURE	0/1	DEGREE	10 11501541 27455	224. DATE SIGNED
11 four	c Kgrejiu		MEDICAL STAFF	10/15/85
22d. PHYSICIAN'S NAME		1712 Eye	St. N.W. #202 Washi	ington, D.C. 2000

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: should be detached with the State Dept MPORTANT: If he

24 FUNERAL DIRECTOR

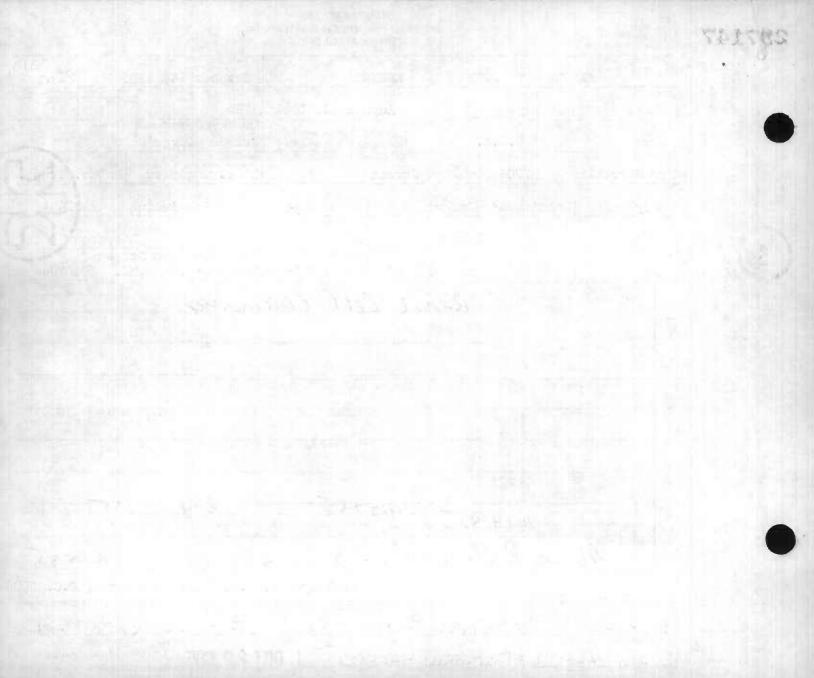
236. DATE

Marc R. Shepard

23C NAME OF CEMETERY OR CREMATORY

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ADDRESS 8800 RO IEMORIES HARFORD ROAD



9135	1.	FOR STATE REGISTRAR		DEPART		EALTH AND ME		IENES 5	2	9 4	/ /
41		CEASED NAME FIRST	,	WIDDLE		AST	V 16.5	2ª DATE OF DEATH		DAY YEAR	2b. HOUR
100	(JAP	e OR PRINT)  John	De	niel	RO	THERMEL		October	9 198	5	6:50P M
1 20	1, 58		4. RACE	miet	5 DATE O	OF BIRTH		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
100		Male	Caucas	sian	MONTH 08	DAY 08	VEAR 05	80	YRS	MONIHS DAYS	HOURS MIN.
10 11	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	P B	D NEVER MAI		9. BALTIMORE CITY		Y OF DEATH	
1 15	Pa	nnsvlvania	TIS	5A	WIDOWE		RCED	Prince	Canraa	to Co	MD.
31 1		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSII	NG HOME (	- Charles		12a USUAL OCCUPA	ATION	126 KIND O	F BUSINESS OR
加斯 第3		Lanham		HEACILITY, GIVE STREET HOSP.		G.Co.		Self-empl			Electrica
は見むもン	UsU	AL RESIDENCE IF NURSING HOME	OR OTHER INSTITUTION		RE ADMISSION)	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS			
WE 20	Ma	ryland Pr	George's	Bowie			OXX	1600 Pitt			20716
104	14.5	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S M		ME MIDDLE		LAS	
1 1100	1/4	James	A .	Rothern	nel	Anna		E			nacht
97 97		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADD	RESS 16	00 Pitt	sfield Ln
1 12 1/		Address on the second s	WI	205-07-9	9325	Kenneth	W. R	othermel,			
9175		18 CAUSE OF DEATH (Enter	anly ane cause per	line far (a), (b) a	nd ucy	1 :					MATE INTERVAL
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9614		policy to a rest	DUE TO, O	r as a consequ	JENES OF	12.400					
and the same		Canditians, if any, which gave rise to immediate	( (b)_	C	olon	Cancon					M.
agend by the hear please as to burnal, creations, creat	Z	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEOU		NOT RELATED TO	THE TERM	inal disease or co	ONDITION GI	VEN IN PART 11	a
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1 1 1 1 1 1	1	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	AV VEAD	21c HOW INJUI	RY OCCURI	RED (ENTER NATURE OF IN			
11111	3	OR CONTRIBUTING CAUSE OF E	EATH		19	No.					
	100	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		D11 D8	(Cash	county	MARE
4 140	2	NOT WHILE AT WORK	INT HOME SIN	EET, FACTORY, OFFICE,	FARM EIC	h /			1	0-	
A PER		22a L certify that (1) (this has	pital) attended th	deceased fram.	1.	911	19. <b>V</b> 3	10 /0	19	1025	that (II well but
2 6 5 6 6	10	saw the deceased alive of abave, (1) with (did) (did)	not view the body	otter death 19_	\$5 , ai	nd that in (my) (au	apinian	death accurred an the	date and ha	ur and fram the	cause stated
Dept Dept		maden !	amon	Dr.		DEGREE	ENDING	MEDICAL SI	AFF	22c DATE	SIGNED O
7 7 7 7 7	-	11 DAYSICIAN'S NAME AND	Short T	4C/V	-	PHY 17% ADDRESS /	SICIAN	CTOR PHY		10	101.92
MPORTA MPORTA		MARIN D. WE	272 752	5 GROW	wou	are (	Dune	" scente	St.	1020	770
	23a	BURIAL, CREMATION, REMOVA				EMETERY OR CRE		LOCATION CITY OR TOWN		COUNTY	STATE
BP	Re	moval/Burial/	Oct 12	2,1985 Ha	aines	Church C		Wernersv			PA
HMH - 16 60M 7/84		UNERAL DIRECTOR	Khilipa	\$ 6000 Ar	napol	is Road		E REC'D. BY REGISTRA			URE
(VRA 15, 4)	Be	all Funeral Ho	me	Bowie,	MD 2	0715-304	a nr	T 15 1085	deflias	Davidson-	Randelle.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) DEATH MATED None 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE YEAT 92 (AST BIRTHDAY) PRONOUNCED DEAD BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR MARRIED NEVER MARRIED irginia USA DIVORCED XX ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Salesman Private 3 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince Georg's District Hats 6028 Parkland C NO X A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Jess Marvin Rve Rachel Workman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Anne W. Baker 2001 Aberden Dr. Crofton, Md. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1942 to 1951 234-32-6346 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19s. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion Natural causes Accident L Homicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial 02/64 10 - 23 - 85Maryland Veteran's Cem. Cheltenham F.G. FLLLY 24 FUNERAL DIRECTOR **DHMH - 17** Lee Funeral Home Inc. 6633 Old Alexander Ferry Rd (VR A15 ME (5)) Clinton, Maryland 2073

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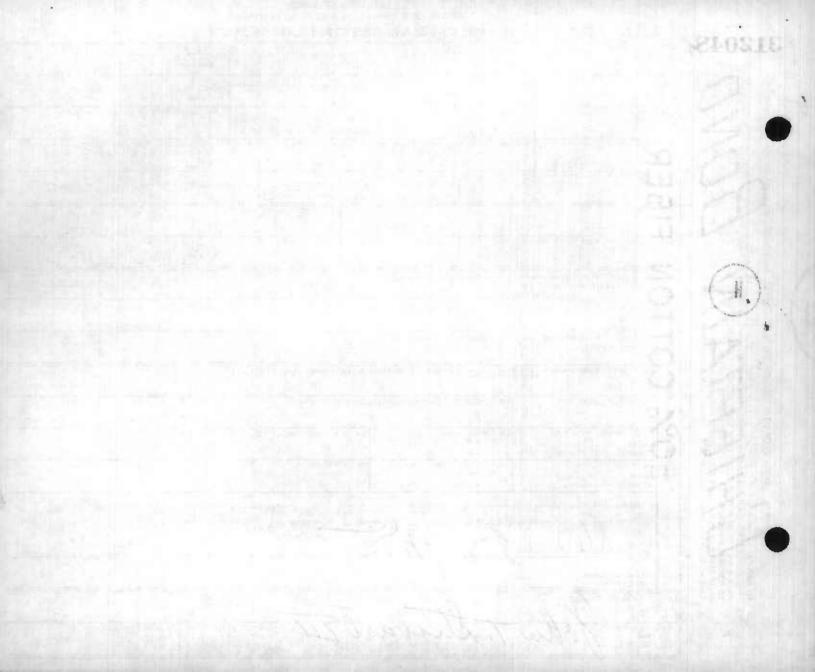
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 303071 REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH CTYPE OR PRINTS ESTI-EDWARD ELLSWORTH DEATH MATED SANFORD 24 19 85 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOLIR DATE LAST BIRTHDAY RONOUNCED 11:50p 65RS Male May 8 DEAD Caucasian To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDX Prince Geo. Wash. DC DIVORCED A CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY 14701 Berry Road Oxon Hill Meat Cutter Grocery USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. Geo. Accokeek NO 2 14701 Berry Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE George Edward Sanford Nellie Rodgers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Box Yes, NO, OR UNKNOWN) 579-10-1096 Mary E. Cord Charlotte Hall 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular Conditions, if ony, which disease gave rise to immediate couse (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET WHILE CITY OR TOWN WHILE AT WORK EXECUTE THE CER...
PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STRACK MARYLAND. (1) 220 I certify that I took charge at the remains described above, held on Autopsy Inquiry Y death resulted from: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 10/24/1985 M.D. Deputy Augusto P Rodriguez. M.D. 5009 Rayburn Ct , Temple Hills, Md TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE 10/28/85 Burial Cedar Hill Cemetery Suitland Pr. Geo.
| 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE 07/84 24 FUNERAL DIRECTOR **DHMH - 17** GU cerally work-paralely (VR A15 ME (5)) Funeral Home, Waldorf

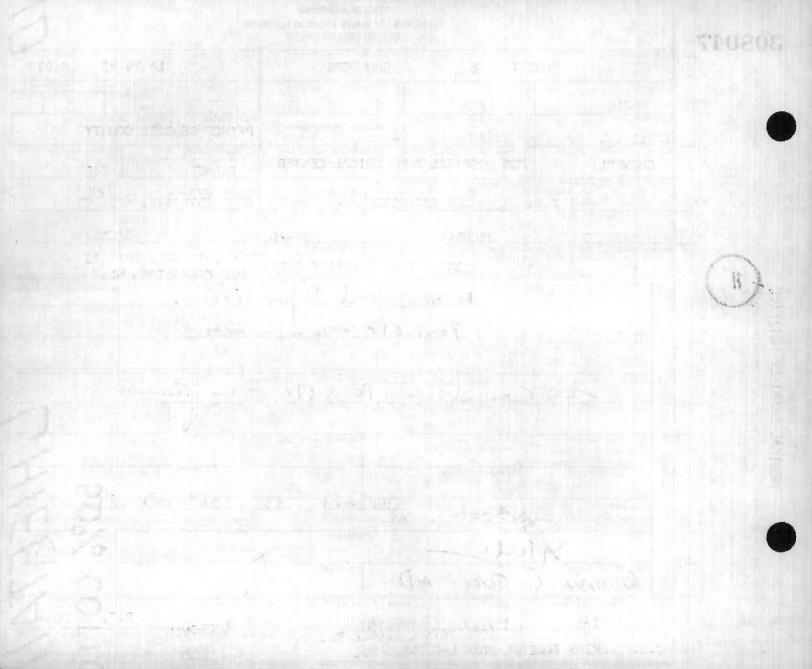
Te. Cho. Chart Hill St. L. Chart Told Hold Told William Co. ATT ,578-10-10884 Marry R. Cort Charlotte

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	PAG PAG	73a.8	URIAL CREMATION					R CREMATORY	234 LOCATION			
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3. SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	White	01	09	1924	61	YRS	MONTHS DAYS	HOURS MIN.
1	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIE WIDOWE	D NEVER	MARRIED	9 BALTIMORE CITY OF			MD
4	10 CITY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	SO GENE			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife		IFE) INDUSTRY	Home
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN Maryland P. C	NTY 13c CITY OR TO	WN	13d INSIDE (	NO 🗌	130 STREET ADDRESS 5709 Fore	ZIP COD	ed 2078	35
2	Victor	MIDDLE COOK			s Maiden NAA Margare	MIDDLE		Tho	ompsen
	160 WAS DECEASED EVER IN U.S. AR {YES NO OR UNKNOWN} {IF YES, GIV	MED FORCES? 166 SOCIAL SET 166 SOCIA		Georg		hindler (H		i) Same	e as 13e
0	gove rise to immediate couse (o), stating the underlying cause last.  PART 7 STHER SIGNIFICANT (  IN. DATE OF OPERATION  The ACCIDENT WAS UPCERLYING	DUE TO, OR S CONSER	O DEATH BUT	01		TAL DISEASE OR CON 30% AUTOPS 97	20b. IF YE	VEN IN PART III	NGS USED OF DEATH?
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DHMH - 16 60M 7/B4

(VRA 15, 4)

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rectar, po	3. SEX	emale	4 RACE Caucasi	an	5. DATE OF Janua		6. AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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by the fu		ry or town of death	3419 -	HOSPITAL, NURSIN CH FACILITY, GIVE STREET 23rd Par	ADDRESS)	R OTHER INSTITUTIO	12a USUAL (TYPE OF WOR	OCCUPATION K FOR MOST OF WORKI MAKET	ING LIFE) 17b. KIND (INDUSTRY	A BUSINESS OR
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Continue Continue	(6)	THER'S NAME Frederick Ja	ekson	Pettitt		15. MOTHER'S MAID FIRST Laura		Tee widdre	Fu	51 <b>P1</b> 2
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REGISTRAR DECEASED NAME [TYPE OR PRINT]

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Maryland

18 CITY OR TOWN OF DEATH

Walter

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

3 SEX

Md.

CERTIFICATION

4 FATHER'S NAME

## STATE OF MARYLAND CERTIFICATE OF DEATH

Sept. 9, 1905

MARRIED NEVER MARRIED

5 DATE OF BIRTH

WIDOWEDXX

SCHWAB

Seabrook

Merrbaugh

166 SOCIAL SECURITY NO.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12

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	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR
	October 13, 198	5		9:4	5p M
	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		MONTHS	DAYS	HOURS	MIN.
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1	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
<u>.</u>	Prince George'	s Co	unt	у	MD
	120 USUAL OCCUPATION			FBUSIN	ESS OR
	(TYPE OF WORK FOR MOST OF WORKING I	IFE) IND	USTRY		
	Housewife	Ow	n H	ome	

Doctors' Hospital of Pr. Geo. Co. | Housewife Lanham 130 STATE 13b COUNTY 13d INSIDE CITY LIMITS? P.G.

LIE YES GIVE WAR OR DATEST

18 CAUSE OF DEATH Enter only one cause per line for rai, (b), and rc
PART I. DEATH WAS CAUSED BY

Helen Gertrude

Cauc.

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

4 RACE

7024 97th Ave YESXX NO 15 MOTHER'S MAIDEN NAME

Mable

MIDDLE Bowman

13e STREET ADDRESS / ZIP CODE

218-48-8984 Wallace Lowe

17 INFORMANT

ADDRESS 7024 97th Ave. Md 207 Seahrook

IMMEDIATE CAUSE (0) THENTE CHENTO RESPURSO DUE TO, OR AS A CONSEQUENCE OF assemune Canditians, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2 OTHER SIGNIFICANT CONDIT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 216. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MARCHOOMEN

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

220 I certify that (I) (this hospital) attended the deceased from

21e. PLACE OF INJURY

211 LOCATION

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

saw the deceased alive an 226. SIGNATURE

NOT WHILE

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

226. PHYSICIAN'S NAME (TYPE OF PRINT)

24 FUNERAL DIRECTOR

90 DATE OF OPERATION

Andres Lara, M.D.

9326 Lanham Severn Rd., Lanham, Md. 20706 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

NOM

and that in (my) (aur) apinion death occurred an the date and haur and liam the causes stated

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial

Rosehill Cem

DATE RECO. IN HEOSTHANDIN REGISTRAR'S SIGNATURE

COUNTY

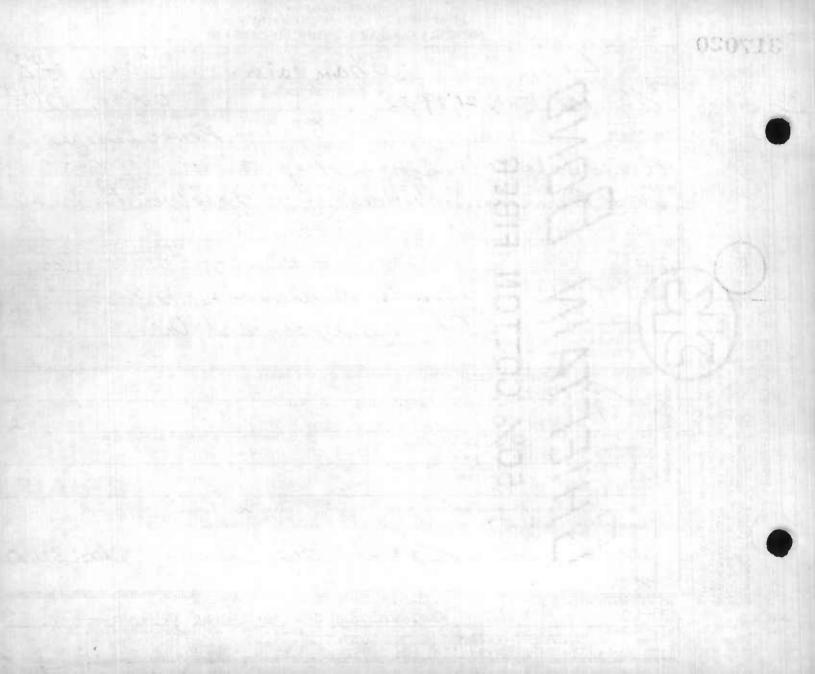
Rendon/Hales Lanham Funeral (VRA 15, 4) 9013 Annapolis Rd. Lanham, Md

BP.

DHMH - 16 60M 7/84

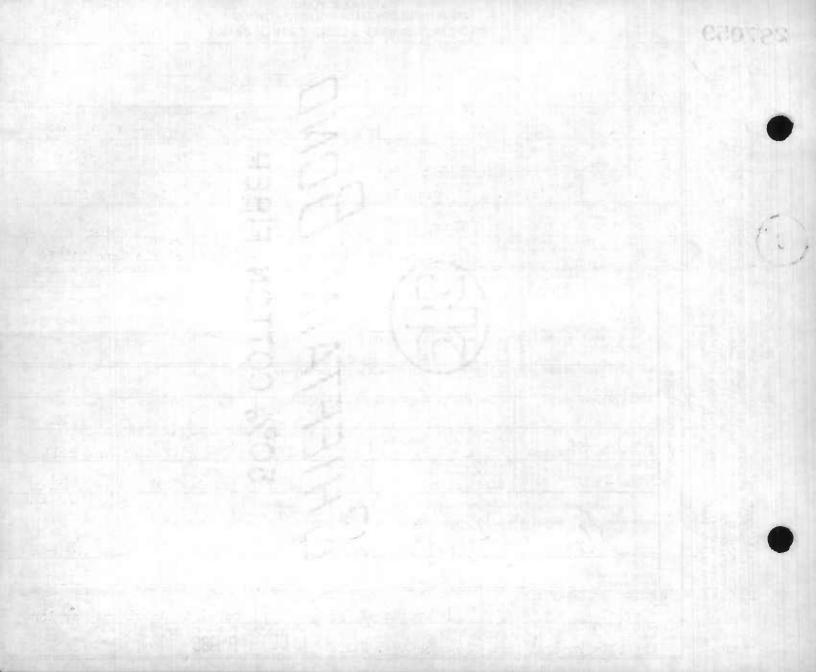
d b

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 317020 1. DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-3. SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER DATE LAST BIRTHDAY) VOUR 172 H PRONOUNCED To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED U.S.A WIDOWED New York WIND OF BUSINESS 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Attorney Legal (2078213e. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST FIRST Jack Shampain Ethel 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Hyattsville, Md. 20782 (IF YES, GIVE WAR OR DATES) Jeanette R. Shampain; 7009 Wells Parkway: Yes WWII 1073–18–6988 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A BURIAL - TRANSIT PERMAND MENTAL HYGIEN WATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) ED AS A HEALTH CERTIFICATION **USED AS** 19a BATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY REDED TO THE GE 3 SHOULD B 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S Inspection A 22e I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my apinian death resulted from: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER THER'S NAME PEPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 11/1/85 Geo. Washington Cemetery Adelphi; Prince George: Md 07/84 25M 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS **DHMH - 17** (VR A15 ME (5)) 1170 Rockville Pike: Rockville, Md. 20852



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 287059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Lee Rov Sharp 19 85 10-14. RACE 6. AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White April 19 1965 20 YRS DEAD 1985 a. M 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA W. Va. WIDOWED . DIVORCED Prince George's County IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Steel Capitol Heights 9001 E. Hampton Drive SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13e. STATE Md. Balto. Rosedale 8849 Trimble Lane 21237 NONA MAFATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eugene Sharp Ursula Bening 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Ursula Sharp 8849 Trimble Lane 21237 219-74-2655 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-T HEALTH AND MEN AL, CREMATION, O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. I.O. CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO [ TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WILLH HE STATE DEPARTIMEN BALTIMORE, MARYDAND, 21201 PRIOR TO BU 21g EXTERNAL CAUSE WAS 116. TIME OF INJURY APPROX. 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 19 85 subject pinned under wall which had fallen 9:20xx 10-1 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK work site 9001 E. Hampton Dr., Capitol Heights, Prince Autopsy XX 22a. I certify that Look charge of the remains described above, held on Inspection Homicide Undetermined monner Sulfide Notural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-1-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 10/5/85 Gardens of Faith Rossville Baltimore Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** in Laydon-pendell (VR A15 ME (5)) Connelly Funeral Home 300 Mace Ave. 21221

STATE OF MARYLAND



134		FOR			DEPAI		OF MARYLAND EALTH AND MENTAL HY	GIENE		(2)	0 7
TOA		REGISTRAR		Total I		CERTIF	ICATE OF DEATH	S S REG.		9 -1	0 /
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1	ISU.	AL RESIDENCE I	NURSING HOME OR	OTHER INSTITUTION.		FORE ADMISSION)	13d INSIDE CITY LIMITS?	136 STREET ADDRESS		2/	1145
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/		ATHER'S NAME	No. 1	MIDDLE	LAST		15 MOTHER'S MAIDEN N				
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Ħ		WAS DECE ASED			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS Was		n, DC 200
		YES, NO OR UNKNOW	N) [IF YES, GIVI	E WAR OR DATES)	224-60	-9419	Margaret S.	Coates 28			
		LIS CAUSE OF I	DEATH (Enter on	v one couse per			1,42 842 00 01	JORGED ZO	O_NOI		MATE INTERVAL ONSET AND DEATH
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		Conditions, if	any which	DUE TO, OF	R AS A CONSEC	OPPOSE OF	usculson-	Thomas	mes	60	man
		gave rise to	immediate	(b)	100	0000	so vocatore.	1 / Vomv		- 4	700
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5	CATION	190 DATE OF OF	PERATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YE	S, WERE FINDI	NGS USED
1	1 15	1285						YES NOT		FYING CAUSES	OF DEATH?
-	CERT	210 ACCIDENT W	AS UNDERLYING	216 TIME OF	FINJURY		21¢ HOW INJURY OCCU		1		
ġ.	1 2		CAUSE OF DEA			DAY YEAR					
	MEDIC	21d INJURY OC	CURRED	P.A.		19	211 LOCATION				
	2	WHILE IN	OT WHILE		EET FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR	OWN	COUNTY	STATE
	1		AT WORK	and a second and a second	deces 11 c	110	2016 108	(5)(4	17/2	12 8 5	
			ot (I) (t <del>his hospit</del> sceased alive an			1100	d that in (my) (ear) opinio	n death occurred on the	date and he	_	that (I) ( <del>we</del> ) last
	1	above, (1) 4	ceased alive an e) ( <del>did</del> ) (did no	t) view the bady	after death			- death occurred on the	date and not		
	1	216 SIGNATOR	1-	11	1	X	DEGREE ATTENDING	MEDICAL ST	AFF	22c. DATE	SUNED 13
	1	4	mes	4/	10	The	PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌	10/	2/104
ľ	1	110. PRISICIAN	'S NAME (TYPE O	PANNE		0	22e. ADDRESS	10 H. 11	. /	1.01.	0 -
		V 4n	145 V	. 18	55/81	7	916	19-N.1	1. 11	ASIN V	0,6.
	23a I	BURIAL, CREMAT	ION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		SPECIFY Buris		10/29/8			vet Cem.	CITY OR TOWN			
4	24 F	UNERAL DIRECTO	or Joseph	Gawler	s Sons	, Inc.	250 D	ATE REC'D. BY REGISTRA	R 256 REGIST	TRAR'S SIGNAT	URE
		5130	WI Ave	. NW War	sh., DC	20016	nor a	11 1000K July	Durido	No Noutra	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 310005 DECEASED NAME 20 DATE KNOWN X MONTH DAY (TYPE OR PRINT) OF DEATH MATED 10/23/1985 Israel D. Shetreat 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 24 + 940 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 10/23/1985 AM an 3-28-43 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED Israel USA/Israel WIDOWED DIVORCED Prince George's County, D. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Trial Attorney Dept. of Jus: Upper Marlboro 4500 Block, Route #301 OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS tice TOUNTY 13d. INSIDE CITY LIMITS? 1105 Russell Rd 13c. CITY OR TOWN Alexandria YES X Virginia 15 MOTHER'S MAIDEN NAME FATHER'S NAME Yechiel MIDDLE MIDDLE Chia Shetreat Maman 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES! 085 56 5120 Carol E. Robbins same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_\_\_\_\_ Gunshot Wound of Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 181 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TEAD ONLY 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FOUNDM. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:45 XXAM 10/23/85 self inflicted wound 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 4500 Blk. Rt. #301, Upper Marlboro, Pr. Geo., Md car 220 I certify that I took charge of the remains described about the Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 10/23/85 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 234 NAME OF CEMETERY OR CREMATOR 23d LOCATION Burial STATE 10-30-85 Givat Schaul Cemetery tery Jerusalem, Israel

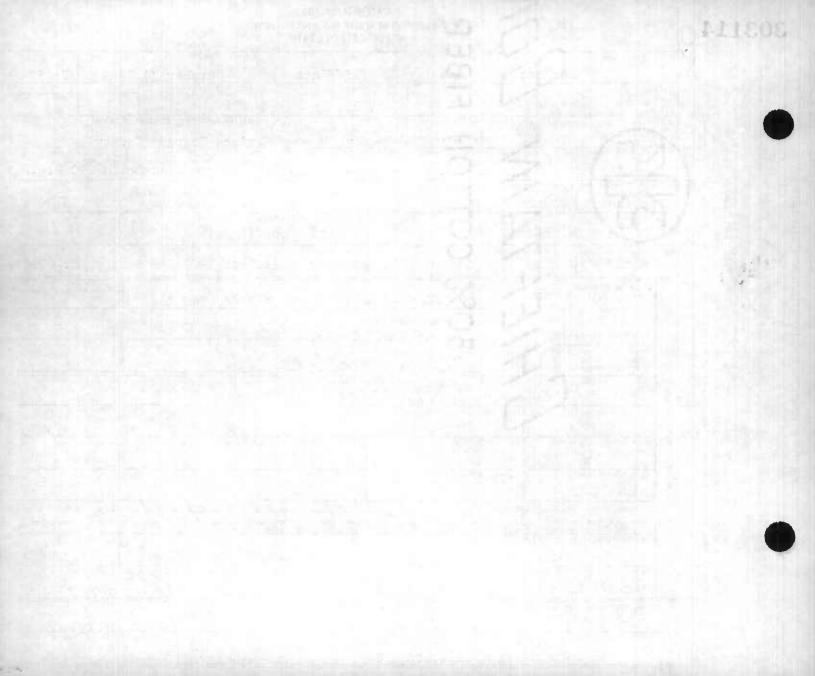
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Ives-Pearson Funeral Homes **DHMH - 17** Falls Church, Va. 22046 (VR A15 ME (5))

303114

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE S	2	9 4	8 7
/		CEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	11.00	COMPRINT	Herbert	C.		Shifflett	Octob	er 24	, 1985	7:46P N
	3. SE:	<sup>x</sup> Male	4 RACE	ite	S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
5		RTHPLACE ISTATE OR INTERIOR	FOREIGN 76 CITIZ	U.S.A.	? 8. MARRIEI WIDOWE	DI DIVORCED	9 BALTIMORE CITY Prince Geo			WL
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9	13a S M	aryland	Howard	13c. CITY OR TO		13d INSIDE CITY LIMITS? YES NO 🛣	7909 Old	Jessu	P Road	20794
1		ATHER'S NAME VILLIAM H S	Shifflett	LAST		Rose Mor	ris MIDDLE		tAS	ī
1	160 V	WAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR (			17. INFORMANT Mrs Ruby Shif		Old C	Jessup R	d.20794
	TION		which mediate and the lost DUE	TO, OR AS A CONSEON  (c) RCCC  DNS CONTRIBUTING TO  SONS	JENCE OF ALL DEATH BUT	aclure NOT RELATED TO THE TERM	INAL DISEASE OR CO			
	CERTIFICATION	190. DATE OF OPERA		CONDITION FOR WHIC	H OPERATION		YES NO	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	OF DEATH?
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	MED	21d. INJURY OCCUR WHILE NOT WE AT WORK	HILE DRK	PLACE OF INJURY OME, STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR	rown	COUNTY	STATE
		sow the deceas		ded the deceosed fram	, -	that in (my) (our) opinion of	death occurred on the	dote and ha	ur and Iram the	
		22d. PHYSICIAN'S N	ulNey	MI MI	0	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗆	22c DATE	SIGNED
		ABDU	LNAT	XEEM,	mis	22e ADDRESS 3456	-FORT P	MEAD.	E RA . 2080	7
	(:	Burial	Oct	28, 1985	restla	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN'	Howar	county rd. Mary	land
	24. FU	NERAL DIRECTORHO	arry H. Wi	tzke & Fami	ly Fun	eral Home	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAŤI	JRE
	TU	C. 4112 (	columbia R	oad Ellicot	t City		2 0 1985	170%		1 place

DHMH - 16 60M 7/84 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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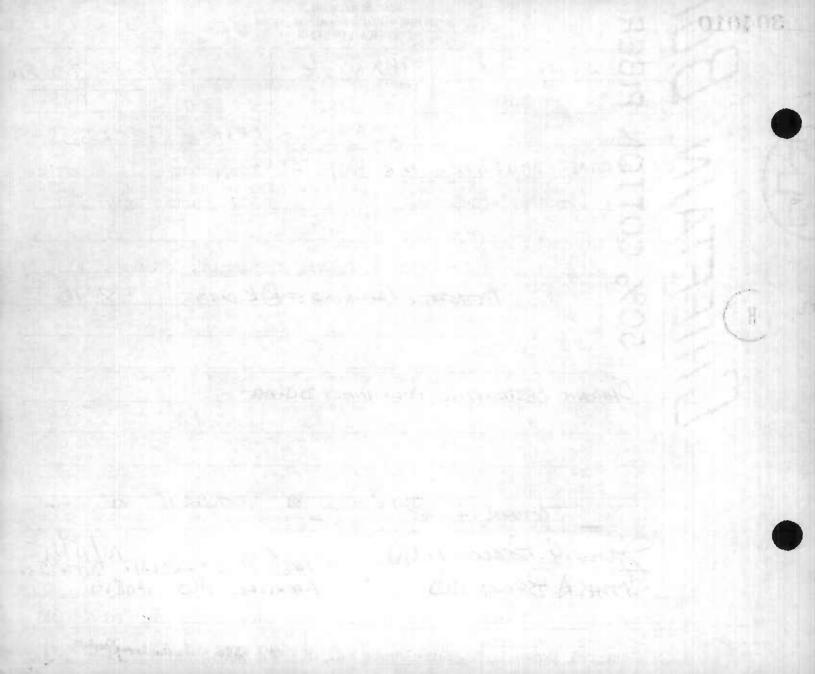
	- 2	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	- 01 L	<u>451</u>	20 DATE OF DEATH MON	NTH DAY YEAR	2b. HOUR
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2		Male	White	Oct		79	YRS	
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		ew York	USA	WIDOWE	21	PRINCE	SEDR	GES MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
2	C	LINTON	Souther	V md	HOSPITAL	Inspector		_
Ę	13a S	AL RESIDENCE (IF NURSING HOME C TATE 13b COU			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE	20746
l	Ma	ryland Pr	George Suit	land	YES NO	3378 Curt	is Drive	#102
1	14 FA	THER'S NAME	MIDDLE	ST	15 MOTHER'S MAIDEN NAM	WE		TAST
O	1	Richard		nick	Ellen	Model	Bansfi	ield
ï		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRESS		
	(Y	(ES, NO OR UNKNOWN) (IF YES G	TVE WAR OR DATES) 579-	58-2900	Sylvia M	Shinnick	Same as	s #13
١,		18 CAUSE OF DEATH (Enter of	only one cause per line for (a),	(b), and ici.	1	2	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
Н	18	PART I. DEATH WAS CAUS	ATE CAUSE ON TETAS	ATIC LA	RCIN OMA OF	-) KIDNEX	8	YRS
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	ō	CHRONIC	OBSTRUCTIVE	= PULM	INARY DIST	ASE.		
	S S	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		DE IF YES, WERE FIN	
	CERTIFICATION					YES NOW	YES [	NO [
54	Ü	210. ACCIDENT WAS UNDERLYING	LICUID A AA AACAU	H DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)
/	SAL	OR CONTRIBUTING CAUSE OF DI	CAIN	19				
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	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY	OFFICE PARM EIC )				
		22a.1 certify that (1) (this bosy	atal) attended the deceased	fram JUNE	1981		19.0	_, that (I) (wa) last
		saw the deceased alive a abave, (1) (me) (did n	rUCI GBEK 14-	_19.86, or	nd that in (my) (www.) opinion (	death accurred on the date	and have and from t	the causes stated
		226 SIGNATURE	20		DEGREE		22c. D#	ATE SIGNED
7		James 4	. Brown	uns)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10	14/85
		224 PAYS LIAN'S NAME TTYPE	Openut)	1	22e. ADDRESS 1480	O HYSICIAN.	SLANE, S	UTTE 232
		JAMES A.	BROWN M	1)	KOCK	VILLE, MD.	2085	0
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

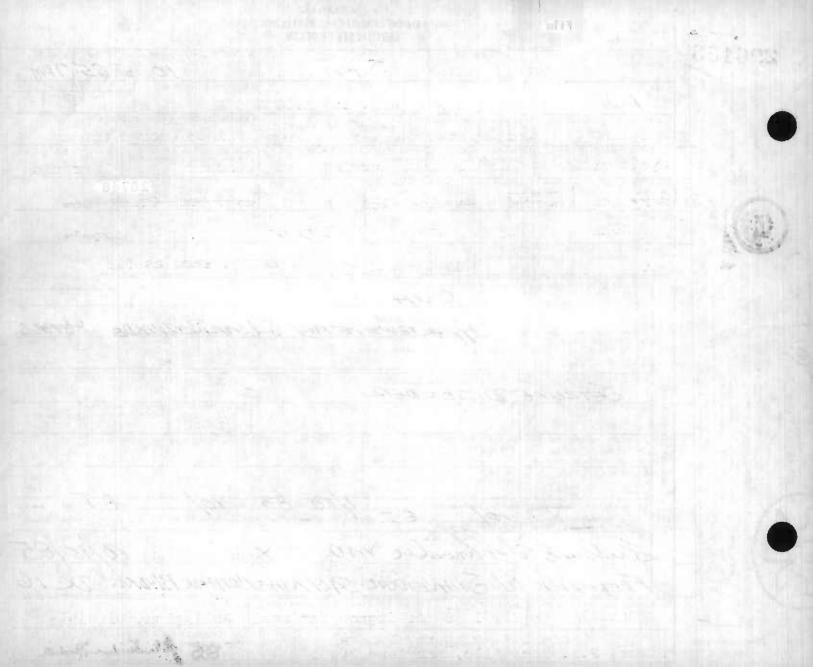
IMPORTANT: #

FUNERAL DIRECTOR
NAMROBERT E Wilhelm
Funeral Home

Suitland, Md.



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H.S. WASHINGTONY SONS 4925 BURROUGHS AVE. H.E.

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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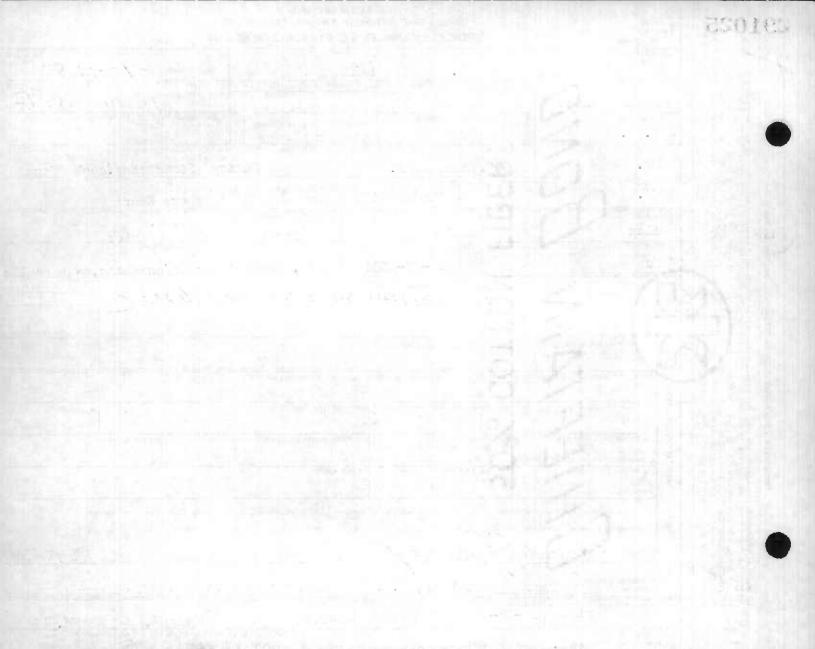
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AL EXAMINEE. HE CERTIFICATE HOULD BE FORE HOULD BE FORE TH WITH THE S E. MARYLAND.	178	22a I certi death results ACTUAL SIGNATURE		ge of the remains desc ural courses ,		Suicide	sy X. Inspection  Homicide .  TITLE (SPECIFY)  D. Assistan	Undetermined m	anner X,	DATE	10/9/85
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07/84 BP	23	URIAL CREMA	TION, REMOVAL	10/10/85	230 NAME OF C		1 0	23d LOCATION CITY OR TOWN	VER, P.	COUNTY	STATE
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160	WAS	DECEASED EVI		NED FORCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		E30400	Opshur		
	N		(IF YES, GIVE Y	VAR OR DATES)	577-24-45	514	Edwin R	. Smith	Blade	nsburg	Md.	
	18.	CAUSE OF DE	ATH (Enter only	y one couse per line	for (o), (b), and (c).)						APPROXIM BETWEEN ON	NATE INTERVAL
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	AT	WORK - AT	WORK									
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR Elizabeth 2:20 A. E. Smith October 28. 1985 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY Female White 72 August 3. 1913 O BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY II.S.A. Prince George's County Virginia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) YPE OF WORK FOR MOST OF WORKING LIFE!
Housewife INDUSTRY Own Home 4206 73rd. Ave. Hyattsville SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland P.G. Hvattsville YES T 4206 73rd. Ave. 20784 NOF FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Seekford Harriet Menefee 16b. SOCIAL SECURITY NO. ADDRESS No WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR LINKNOWN) HEYES, GIVE WAR OR DATEST 577-32-0630A Joseph M. Smith (Husband) Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for to), PART I. DEATH WAS CAUSED BY: 0501127814 IMMEDIATE CAUSE (0) metastat,c CONCINOMO Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on September 23 above, (1) (was idea) (did not view the body after death and that in (my) (out) opinion death occurred on the date and hour and from the causes stated 27h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN Oct.28,1985 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS George Orr, M.D. 6525 Belcrest Rd. Hyattsville, Maryland 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/31/85 Fort Lincoln Cemetery Brentwood

DHMH - 16 60M 7/84 (VRA 15, 4)

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Burial

Maryland

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

Codth Colober 18, 1085 tringteth R. as fill where standard cosing Syntheyille differentiate, typ. z effications .r. . bearward 1200 Tord. Ive. 20084 7 28, 1085 X SERN Concept "1, New time; 'to, Americand Tentige cur, 2.0. 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Wilton October 2, 1985 Smith A. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male White 1909 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland Prince George's County U.S.A. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Budget Analyst New Carrollton 7601 Topton Street .S. Government JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) P.G. New Carrollton 7601 Topton Street Maryland 20784 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Smith Bessie Henry WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 17-07-8990 Alice Bea Smith (Wife) Same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse " ta), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC.) 22a I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (our opinion death accurred on the date and hour and from the causes stated 22b SIGNATUR DEGREE 22c DATE SIGNED PHYSICIAN PHYSICIAN 3231 Superior Lane, Suite A-6 Bowie, Maryland 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 10/5/85 Whitfield Chapel Cem. Lanham Prince George's Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 60M 7/B4 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

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	Y DELAY IS NO 3 TO THE FU	1	1,010	in such facility, give street address 44 Annapolis Rd		FOR MOST OF WORKING LIFE)	BUILD 9
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MORE	PAGES ORM P ON ON ON		VAS DECEASED EVER IN U.S. ARMED FORCE	ES? 166 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRESS	11110
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2	Para A		18. CAUSE OF DEATH (Enter only one caus	e per line for (a), (b), and (c).)	1 3000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IS 7	오 등 등 등 등 기		PART I DEATH WAS CAUSED BY:	0)	Multiple Injurie	es	BETWEEN ONSET AND DEATH
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¥	A ANSIT		Canditians, if any, which gave rise to immediate	b)			
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RECORDS	UUD BE EXECUTED WI! "PENDING" IN PENC FF MEDICAL EXAMIN SED AS A BURIAL - TRA F HEALTH AND MENTA AI, CREMATION, OR F	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1	(0).	
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D <sub>V</sub>	REPERSON NO. 1	A A	WHILE NOT WHILE AT WORK	building	5804 Annapolis	Rd., Bladensburg, Pr	
	INER: THIS CERTIFICATE SHOULD IS ICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF MI TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, CI		22s. I certify that I took charge of the re-				
	EXAMINER: CERTIFICATION BE FOR DIRECTOR: (, WITH THE MARYLAND)		death resulted from: Natural causes			Undetermined manner	mon
-	EXAM CERTIF UID BI DIREC WARYI		dedit resolice from the first the fi		TITLE (SPECIFY)	onacie minera moment and	
	MACHE		ACTUAL SIGNATURE		M.D. Assistant	_MEDICAL EXAMINER SIGNED	10/19/85
	NEW SHIP	1					
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAIL		(TYPE OR PRINT) Gregory I	R. Kauffman, M.	ADD NCCCO	Penn St.	
	53 4 5 F E	23a B	URIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION COUN	TY STATE
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25M	DHMH - 17	24. F	UNERALDIRECTOR FINES	hotolome ow	TO ENGINEER !	CD. BY REGISTRAR 251, REGISTRARY 6	GOAT RE
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		TY OR TOWN (		I MAME OF HOS	PITAL, NURSING HOME			12a USUAL OCC	UPATION (TYPE OF	WORK 126 KIND	OF BUSINESS
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ł		THER'S NAME	FIIDCE	Georges	POMIG		15. MOTHER'S MAID		TOMATING DO	20	117
ı		Geo	rae	MIDDLE	Charens		FIRST		MIDDLE	LAST	
I	16a V	VAS DECEASED	EVER IN U.S. ARMI	ED FORCES?	Stevens	Y NO.	17 INFORMANT	oris	ADDRESS	Brad	field
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ĺ					for (o), (b), and (c).)	2	Judith A	Ann Steve	ns	same as	13e
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ı	FFC	3.1.1.2								YES	□ NO F
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l		AT WORK	AT WORK								
		22a I certif	y that I took charge	of the remains desc	ribed above, held an	Autop	y Inspectio	n a, Inqui	ry , ond if	n my opinion	
		death resulte	d from: Noturo	I couses	Accident , Su	icide 🔲	, Homicide .	Undetermined	monner .		
			1.	· (Q)	1.6. 1		TITLE (SPECIFY)				
		SIGNATURE	Mygun	1 /200	reque /	M	Deputy	MEDICAL EX	AMINER	DATE SIGNED 10	10-85
	1	EVALUEDIO:	//		1						
		(TYPE OR PRIN	August	o P Rodri	guez, M.D.		ADDRESS 5009 R	layburn C	t, Templ	e Hills,	Md
į		JRIAL, CREMAT	ION, REMOVAL 23h		23¢ NAME OF CEA	METERY O	RCREMATORY	23d LOCATION		COUNTY	STATE
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I	24 FI	JNERAL DIREC			Annapolis			REC'D. BY REGIST	RAR 256 REGISTR	RAR'S SIGNATURE	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE 304101 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Z MONTH (TYPE OR PRINT) ESTI-MOYOR DEATH MATED 19 815 IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 28/1900 DEAD CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED P NEVER MARRIED FOREIGN COUNTRY) Pr. Geo. U.S.A. DIVORCED | Wash. D.C. WIDOWED [ CITY OR TOWN OF DEATH 11. NAME OF HOSBITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Ret Cashier ORINDUSTRY Cheverly Mt. Rainier 113e STREET ADDRESS 13b. COUNT 13d INSIDE CITY CIMITS? Md. Pr.Geo. - 36th St. 20712 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME (Unknown (Unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) V. Suit (above address) Juanita 578-01-2785 CAUSE OF DEATH (Enter anly ane cause per line for in). (b), and (c). PART I DEATH WAS CAUSED BY: Nandrova IMMEDIATE CAUSE IN DUE TO OR AS A DONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFTER DEATH, WITH THE STYBALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram: A Natural causes Accident Suicide Hamicide \_\_\_\_ Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md Augusto P Rodriguez, M.D. 23d LOCATION Ft. Lincoln Cem. Brentwood 07/84 M FUNERAL DIRECTOR Nalley's 25M 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mt.Rainier. DHMH - 17 Md. (VR A15 ME (5))

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

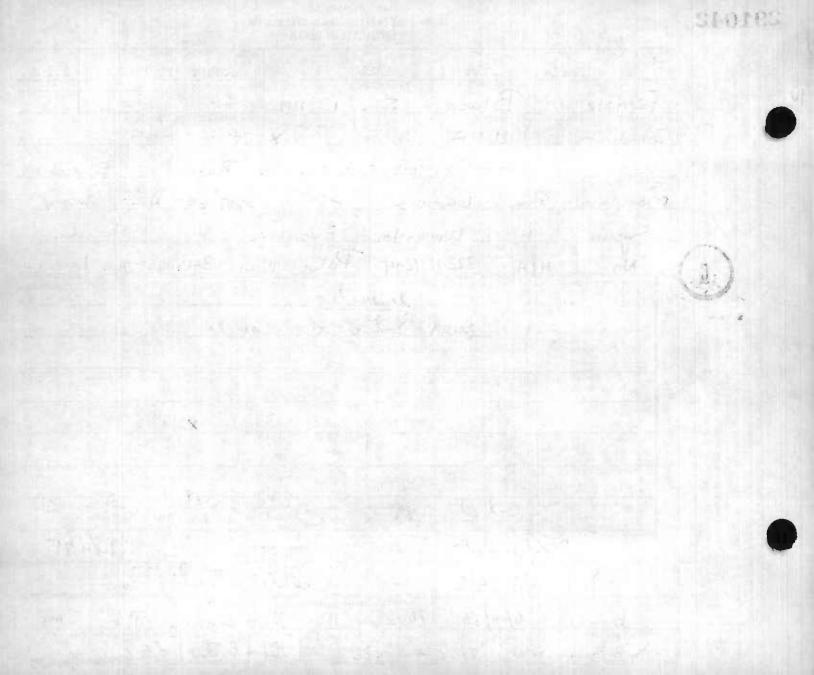
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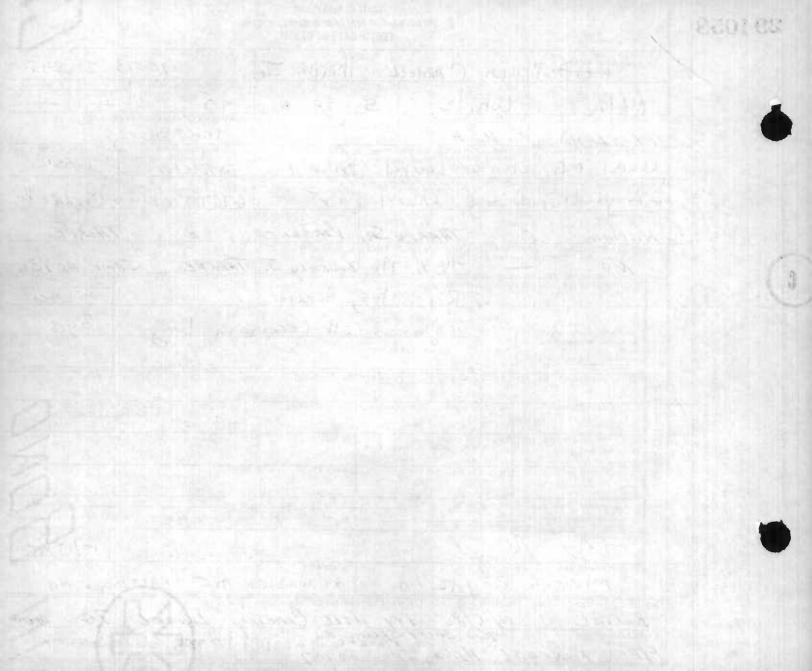
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

D 6 12 3 4	230 BURIAL, CREMATION, REMOVAL
BP	Burial
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	OR PRINTI	FIRST	WIDDLE	LA	ST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3 SE)		4. R	ACE	5. DATE OF			& AGE (IN YEARS LAST &	RTHDAY)	MONTHS DAYS	HOURS MIN.
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FF			100000000000000000000000000000000000000				YES NON		IFYING CAUSE:	S OF DEATH?
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		CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	100					
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					d that in (my)	(aur) opinian	death accurred an the	date and ha	ui and liam the	causes stated
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	THE SIGNATURE	(DO)	and at			ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	100	1/85
	22d PHYSICIAN	S NAME TRPE OF PR	INT)		22e ADDRES		Woodyard R	^	21	<i>Ç</i> •
	1	NJK	121DALC		(	1920	Woodyard K	1 1/20		
	9	D 4 64	FIREDAY	36 NAME OF CI	C C	COCHATODY	1238 IODATION		20735	
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24 5	UNERAL DIRECTO	14-1	6/15/85	TITIEMON	14 111	250 DAT	E REC D. BY REGISTRA		TRAR'S SIGNA	
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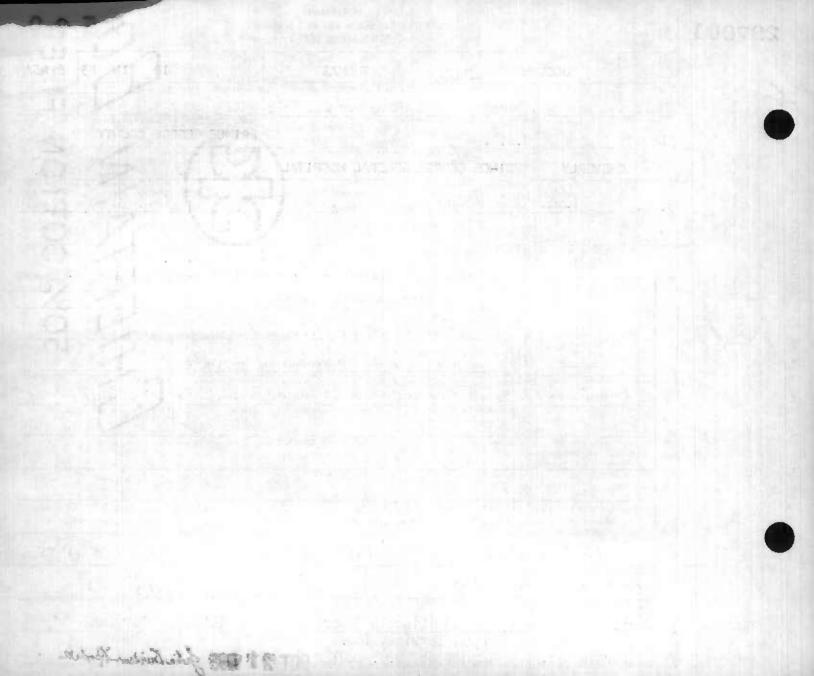


			STATE OF MARYL	AND		
294058	1.	FOR STATE	DEPARTMENT OF HEALTH AND		5 9	9 5 0 /
	1	REGISTRAR	CERTIFICATE OF I	DEATH	REG. NO.	, , , , ,
	1. DE	CEASED NAME	MIDDLE	20 DATE	OF DEATH MONTH	DAY YEAR 2h HOUR
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E 0	3. SE	4.1	RACE 5. DATE OF BIRTH	6 AGE	IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
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deo deo		IRRYLAND		1.0%620		MD.
ž 23 (2)	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INS		AL OCCUPATION WORK FOR MOST, OF WORKIN	126 KIND OF BUSINESS OR
ied ied	K	KUEI MD 16	reater Laurel Beltsvi		SDECTOV	TUSS C
112 our	USU	AL RESIDENCE (IF NURSING HOME OF OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			128781111 0.
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RY with	TIA PA	THER'S TAME		FIRST	MIDDLE	LAST
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a do	(	VES, NO OR UNKNOWN) (IF YES, GIVE W	14-36-1796 BENER	1. T THE	RPE	SAME AS 13E
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nt, th		PART I. DEATH WAS CAUSED B	one couse per line lar (a), (b), and (c)			BETWEEN ONSET AND DEATH
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or o			DUE TO, OR AS A CONSEQUENCE OF		1	7
then the control of t		Conditions, if any, which	( b) Squamous Cell	Carcinan	e Lune	345
and		gove rise to immediate	0		0	
W the service of the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
s the			( (c)			
2 C T 2 X	7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART I (6)
ORD Pen si The	9					
RECORDS.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 20a A	UTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
hos per l	1			YES [		YES NO
VITA Corte C	<b>E</b>	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW IN	NJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)
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N Sicon ng Cert cert the street t	15	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	IONI		
NG PHYSICIAN: Tottending physician ther this certificat os the buriol-trans th and Mental Hyg orked ar Hem 18 st	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATI STREE		CITY OR TOWN	COUNTY STATE
k o t s to sk	1	AT WORK AT WORK				
7 - 2 - 2		and the self of the fall of the beautiful.				that (I) (we) lost
PO Se of the Political Pol	1	ZZa i certity that (i) (this haspital	) ottended the deceased from	, 19, to		INOT (II (WE) 1031
TENDIN TENDIN TOR. Aft or use or or use or st Health					urred on the date and	nour and fram the couses stated
ATTENDIN Sospinal of the CTOR. After the officer of the Other of the O		saw the deceased alive an obove, (1) (we) (did) (did not) v	view the body ofter death.		urred on the date and	nour and fram the couses stated
OR ATTENDIN OR ATTENDIN DIRECTOR, Att OR OF OR OR OF Dept of Health			new the body ofter death. 19 ond that in (my DEGREE	) (our) opinion death occ	AL STAFF	nour and fram the couses stated 771 DATE SIGNED
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PHIL OR ATTEND in the hospital of the DRECTOR, A tritached for use the Dept of Heal	,	saw the deceased alive an obove, (1) (we) (did) (did not) v  776 SIGNATUR  776. HTT KLAR SNAME (TYPE OR PE  MILLE A.  BURIAL, CREMATION, REMOVAL  SOCIETY  BURIAL OC	DEGREE  RINT)  ROYK MO  23b DATE  10/14/85 TY HZLL	ATTENDING MEDIC PHYSICIAN DIRECT SS  WALLEN A  CREMATORY 23d LI	AL STAFF OR PHYSICIAN D  VE BAT  DOCATION CITY OR TOWN  LAWRE L	Though MD.
TO HOSFIFAL OR ATTEND resolved by the hospital of TO THE REAL DIRECTOR. A HOUSE Estached for use with the same Dept of Heol INPORTANT, If hem 21 is m	,	saw the deceased alive an obove, (I) (we) (did) (did not) v  1776 SIGNATUR  122d. HIT IC IAM SNAME (TYPE OR PI  MILLE A.  BURIAL, CREMATION, REMOVAL	DEGREE  RINT)  270 ADDRES  230 DATE  231 DATE  232 NAME OF CEMETERY OR  234 DATE  235 DATE  236 ADDRES  236 ADDRES  247 H Z L L  257 ADDRESS  258 AD	ATTENDING MEDIC PHYSICIAN DIRECT SS  WALLEN A  CREMATORY 23d LI	AL STAFF OR PHYSICIAN D  VE BAT  DOCATION CITY OR TOWN  LAWRE L	Thouse MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 304049 1. DECEASED NAME KNOWN TYPE OR PRINTI WITHIN 72 HOURS DEATH MATED FUNERAL DIRECTOR 5 FOR YOUR FILES 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 08 77 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's Co. Elkhorn, W. VA. USA WIDOWED DIVORCED 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Clinton, Md. Homemaker None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DIMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Clinton 8600 Mike Shapiro D 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Jesse Younger Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 234-38-8757 Ms. Sandra C. Massenburg/granddaughter 1 NTOXICATION Pl., Ft. Wash. , MAN 201744 18 CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted from: A Natural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAM Rodriguez, M.D. ADDRESS 5009 Rayburn Ct, Temple Hills, Md (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 10 - 28 - 85Burial Church Keystone, W. Viroini 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERAL DIRECTOR win unidecar Norden John T. Rhines Co., 3015 12th St. N.E., D.C. 20017 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 297004 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME [TYPE OR PRINT] 85 THOMAS 10 JOSEPH WILLIE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 3 SEX MONTH November 25, 1912 Colored Male BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED PRINCE GEORGE COUNTY U.S.A. Alabama 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE GENERAL HOSPITAL CHEVERLY Dry Cleaner Proprietor 13. STREET ADDRESS / ZIP CODE 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 4916 Blaine Street Washington A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Thomas Annie Dorse Washington, D. C. 20019 Teressa P. Thomas, wife, 4916 Blaine St No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (a Primary Fibrino generlying Conditions, if onv. which cause (a), stating Metastatic Carcinoma of prostate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 à sypeteurine carchovascular direax, Ventricular arythmia 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 10-13 above. (1) (we) (did) (did not) view the bady after death and that in (my) (our) apinian death occurred an the date and have and from the causes stated 22c DATE SIGNED 226. SIGNATURE DEGREE 10-15-85 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) Landover Rd R. K. RUSTAGI 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Suitland. Lincoln Memorial Oct. 19, 85 McGuire Funeral Service, Inc. DHMH - 16 60M 7/84 7400 Georgia Ave. NW, Washington, D.C. 20012 (VRA 15. 4)



DHMH - 16 60A

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8/1	70 BI	RTHPLACE (STATE (	OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	. 110	TY OF DEATH	-
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17	_	heverly			George's		ral Hosp.	Architect	5	US Go	ver
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medica		VAS DECEASED EVI (ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	515-09-3	- 1	Suzanne S. Ti	nompson I	15703 Sowie,	Pointer MD 20	716
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g		PART I. DEATH	WAS CAUSED	BY. E CAUSE (a)	Hyperc	calce	mia			20	مد
other froumotic ex		Canditions, if or gave rise to i cause (a), sta	ny, which immediate iting the	DUE TO, O		ENCLOF	Prostatio	Caren	nama	3	4=
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00	. \		CEASED NAME	FIRST		WIDDLE			LAST	20	DATE KNOV	VN XX MO	ONTH DAY	YEAR	26. HOUR
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	SERE!	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITUTION	12a USUAL	OCCUPATION	N (TYPE OF W	ORK 12b KI	IND OF BUSTR	SINESS
	PAGE 5 PAGE 5 SE FILED.		Beltsvil		Rt.1 nor	rth of	Powde		ll Road	Ret.	Cler	k		d-Ret	
=	PETAIN PER		AL RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G			N)	har more our			(20			
212	SECOND NO.	130 3	Md.	Pr.	Geo.	Mt.	Raini	er	YES NO [		ADDRESS	Jewto	n St	reet	
9	- CANSAR	14. F	ATHER'S NAME						15. MOTHER'S MAI		-/ -	101100	11 00.	1000	
15	E-295/		FIRST	0.77.00	MIDDLE	Fost	LAST		Mild Mild		MIDDLE		Jus	LAST	
/ 8	Geor				MED FORCES		IAL SECURITY	NO	17 INFORMANT	red	101	o do and a			
1 B	ELEVE )	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)						ADI	DKR#27 1	2-Nar	ples	Ave.
13	Nata Asia		No				-24-3	+34	Philip	T. Zi	egler	Bel.	tsvil	lle,	Md.
- 1	SEATE OF		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly one cause per line	far (a), (b	), and (c).)						A	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
N.	A BARBAY	V	011		TE CAUSE (a) N	Multip	ole Inj	urie	S						
STO	STAFFO		010	10		AS A CON	SEQUENCE O	F							
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201	EXAMAX.		lying caus	se last.	(1)										
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2	TRICATE SHO STHE WORD TO THE CHI HOULD BE US ARTIMENT OF IOR TO BURK	CERTIFICATION		L CAUSE WAS	21b. TIME	OF INJURY		21c. HOW INJUR	RY OCCURRE	ED (ENTER NAT	URE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PAR		24	1.0
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	NOR NEW YORK	1														
	A DHE WE	A	EXAMINER'S I	NAME Ma	rgarita	A. Kore	11, M.I	D. ADDRESS	111	Penn	St.	Balto	. MD	) .		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARTIAND	23a, B	URIAL, CREMAT	ION, REMOVAL 2				ERY OR CREMAT		123d. LOCA						
		(	SPEC#Y]		10/27/8			Dam Ba		CITY OR T	OWN	liams	COUN	TY	S.	ATE
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	(VR A15 ME (5))	H	ardest	y Funer	al Home	Ann.	Md 2	1401	00	120	SON	1				42

Joseph .

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 297130 REGISTRAR REG. NO 24 DATE KNOWN DECEASED NAME 2b HOUR (TYPE OR PRINT) ESTI-TOMLIN JERRY E.lwood DEATH MATED 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10-16-85 DEAD Male White Oct. 31. 1965 1 GYRS TO BIRTHPLACE (STATE O 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED X U.S.A. Prince George's County Maryland DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS 5819 Cherrywood Lane#304 Greenbelt Concrete Forms Layer Concrete Co 3m STATE Greenbelt 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr.Geo's Md. 5819 Cherrywood Lane -#304 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Tomlin Elwood Jerry Patricia Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. 14707 Brock Hall Drive (YES, NO. OR UNKNOWN) No Patricia J. DeHart-Upper Marlboro, M. 20772 IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound of abdomen IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO [ 21g EXTERNAL CAUSE WAS TINE OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH self/inflicted 10AM-M10-16-8519 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED apartinent 5819Cherrywood Lane#304 Greenbelt,Md. WHILE AT WORK Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Suicide X Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) DATE 10-17-85 PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTMORE, M M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street, Baltimore, Md. EXAMINER'S NAME Margaita A. Korell, M.D. (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 10/2 Riverdale Babtist Memorjal Upper Marlboro (Pr. Geo's) Md. 10/21/85 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. 256 REGISTRAR'S SIGNATURE J. 00 **DHMH - 17** Richard A. Coleman Funeral-Upper Marlboro, (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
Ì	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1	(TYPE OR PRINT)  LEU	YUEN	TON	OCTOBER 14, 1	.985 7:25p M			
1	3. SEX	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDER 24 MRS			
1	Male	Chinese +	July 7, 1900	85 YRS				
1	To BIRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	TY OF DEATH			
/	Canton, China	United States	WIDOWED DIVORCED		Co. MD.			
5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS I	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR			
	LANHAM	DOCTORS' HOSPI		Retired-Owner	Laundry			
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		113e STREET ADDRESS / ZIP CO	DE			
7	Maryland Princ	ce George Adelp		9505-Buck Lode	ge Court 20783			
J	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST			
q	Leu	- Keung	Hong	1	Shee			
	(YES NO OR UNKNOWN) (IF YES GIT	VE WAR OR DATES)		ADDRESS				
	No	080-20-	3998 Benjamin H.	Lim(Son) Same a	- PH			
1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for to b, or	to Music 1	and I was	CHEEDS CHIEF AND DEATH			
1		TE CAUSE (o)	16 ( 1941)	avant 7	-			
1		DUE TO, OR AS A CONSTOL		6. 7 4				
1	Conditions, if ony, which gove rise to immediate	(b)	mary 1	was an	stace			
1	couse (a), stating the underlying couse lost	DUE TO, OKAS A CONSEQU	ENCE OF	1. 1/1	1 1 1 NO. 10 NO.			
1	The second secon	(c)	11000	Wii -				
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION C	SIVEN IN PART ITO			
d	F 190. DATE OF OPERATOR	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	20b. IF YES, WERE FINDINGS USED			
2	94			YES NOW	TIFYING CAUSES OF DEATH? YES NO T			
3	190. DATE OF OPERAT			URRED (ENTER NATURE OF INJURY IN ITEM				
/	OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE			
١	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	STREET WORLD				
1	220 I certify the (1) this hosp	oital) attended the Beceased from.	19-1	1. to	that (l) we) lost			
	saw the decreased alive at above, (I) we i did i did no	the body after death.	ond that in (my) lour) apini	on death occurred on the date and h	iour and from the couses stated			
	22h SIGNATUR	1/2/1	DEGREE	1	224 DATE SIGNED			
	( South	Cho		DIRECTOR   PHYSICIAN	10/15/85			
	274 PHYSICIAN'S NAME (TYPE	OR PRINT) (LAKE) (Mi)	5 / 270 ADDRESS	1	2. ho			
	ISUNIE	Colorella	V 8704	unning 4	en 45			
	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OF U	Villey of			
	Burial	Oct.18,1985 Ge	orge Washington C					
4	J.Wm.Lee's Sons	Co. 300-4th StodresN		DATE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE			
	O THE POOL OF THE	20.300 100 20131		and the same of the same	A			

DHMH - 16 60M 7/84 (VRA 15, 4)

Male 85 Chinese July 7, 1900 United States Canton, China Laundry Retired-Owner 950,-Buck Lodge Court 20783 Maryland Prince George Adelphi Keung Shee Hong I.eu 080-20-3998 Benjamin H.Lim(Son) Same as # 13

Burial

Oct.18,1985 George Washington Cem. Adelphi, Fr. George Co., Maryland

J.Wm.Lee's Sons Co.300-4th St., ME, Wash., DC20002

BALTIMORE

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. I	NO			
2a DATE OF DEATH	MONTH 10	DAY	YEAR 85	26. HOUR
6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR	IF UNDER 2

I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR
FLOR	ENCE V	TORNABENE	10	01 8:
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE
Female	White	May 19 18 94	91 YRS.	MONTHS DAY
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 -	9 BALTIMORE CITY OR COUNT	Y OF DEATH

76. CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED WIDOWED

13e STREET ADDRESS / ZIP CODE

(TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE 136 COUNTY GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

USA

Temple Hill

Bennettson

13d INSIDE CITY LIMITS? NO [ 15. MOTHER'S MAIDEN NAME

Sarah

5405 Corkran Lane MIDDLE Woods

20748

Antone

Maryland

New York

10 CITY OR TOWN OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HEYES, GIVE WAR OR DATEST

Pr Geo

166. SOCIAL SECURITY NO. 38 3900

17. INFORMANT Florence V Bernhardt

ADDRESS

Same as #13

(YES NO OR UNKNOWN) No 18 CAUSE OF DEATH (Enter only one cause pe

> IMMEDIATE CAUSE (o Conditions, if ony, which

PART I. DEATH WAS CAUSED BY

gove rise to immediate couse (o), stoting the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOX 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN COUNTY

STATE

sow the deceased alive on obove, (1) twe) (did not) view the body ofter death 22b. SIGNATURE

CERTIFICATION

MEDICAL

ATTENDING MEDICAL PHYSICIAN PHYSICIAN

STAFF

22c. DATE SIGNED

Burial

22a I certify that (I) (this hospital) attended the deceased from

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

23a. BURIAL, CREMATION, REMOVAL

MPORTANT

be ou

ld b

DHMH - 16 60M 7/B4 (VRA 15, 4)

40ct1985 24 FUNERAL DIREC Robert E Wilhelm Funeral Home Suitland Maryland

236. DATE

Brooklyn Evergreen Cemetery

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

25b. REGISTRAR'S SIGNATURE

and for some production

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DE

NTAL HYGIENE	2.2	3. 4	6
ATH	U	ned .	6.
MIII		REG. NO.	

20 DATE OF DEATH MONTH

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		-	

2b. HOUR

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	4 moy be	poge 3
2	4	ctor
)	100	0
	2	-
	#	0
	96	5
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201	4	9

77% SIGNATURE

Burial

THE BURIAL CREMATION REMOVAL

THE NAME OF CEMETERY OR CREMATORY Oct.8,1985 Gate of Heaven CenSil.Spring

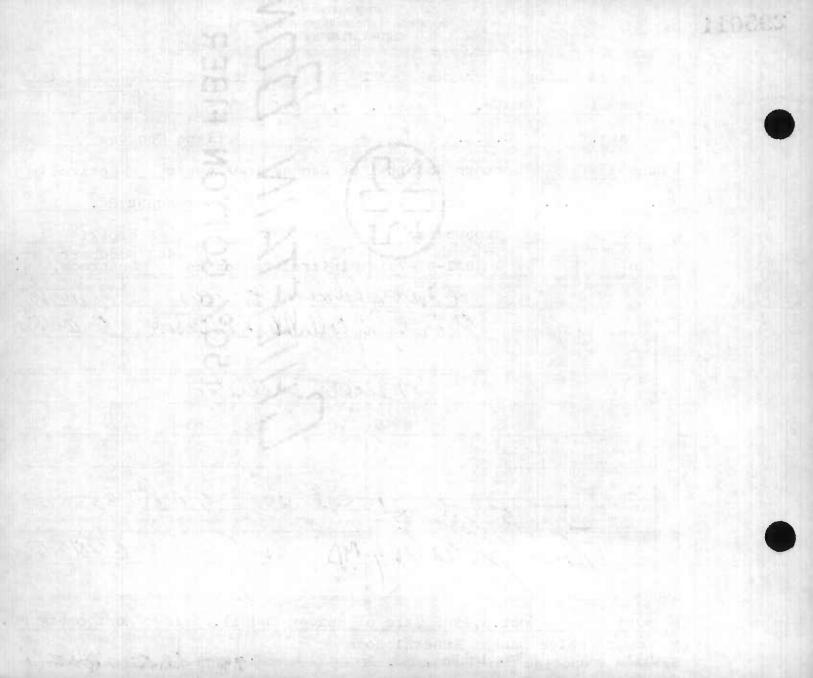
Montgomery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

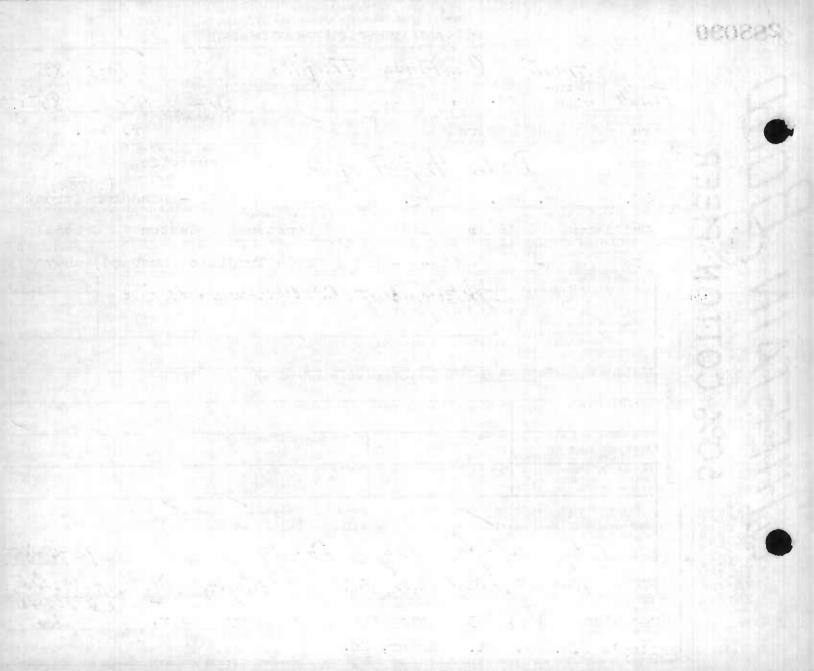
<sup>24</sup> FUNERAL DIRECTOR Hales Lanham Funeral Home Rd. Lanham.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Veronica Frances TRIBINA October 5, 1985 2.45P M 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY Female 19,1916 Cauc. Aug. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Mass. U.S.A. WIDOWED DIVORCED [ Prince Georges D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors Hospital of Lanham Lanham Bookkeeper Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. P.G. Greenbelt 46 A Crescent Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Podmostko George Frances Zabroski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Woodberry 032-01-7816 Winifred Podmostko No Seabrook, 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAN BUT NOT ALL ADDRESS TO THE WAY AND A STATE OF THE PARTY OF THE PA OR CONDITION GIVEN IN PART 1 a CERTIFICATION The CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [ 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 220.1 certify that (I) (the hospital) attended the saw the deceased alive an , and that in (my) ( opinian death accurred an the date and have and from the causes stated ATTENDING LEDICAL STAFF



1.								ARYLAND				
1200	0000		OR STATE			DEPARTMENT OF			and the	9	9 5	
1000	8090		REGISTRAR		MEI	DICAL EXAMIN	VER'S C	ERTIFICATE C	F DEATH	REG. NO.		
			EASED NAME	A FIRST	, 0	WIDDLE		LAST	20. DATE N	NOWN M	NONTH DAY	YEAR 26 HOUR
ASS	CTOR. FILES. IOURS TREET,			Tmal.		nstanza	/	11/1/10	OF DEATH			1985 A
GESSARY, PLEASI	RECTOR IR FILES HOUR:	3. SEX	To de la	eru-	Dec. 18	AGE (IN Y LAST BIRTHE			MIN PRONOUN		ONTH DAY	YEAR 2d HOUR
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A RECESS	FOR YOUR THIN	Pe	eru (Country)		Peru	1	WIDOW		IED L		Geo.	7 7.7
EAY IS	PAGE PAGE STREET	Le	nham		Doelovs	Appela	\$ 51	PGC.	12a. USUAL OCCUP.	ATION (TYPE OF V	WORK 12b. Kir	ND OF BUSINESS R INDUSTRY
21201 ANY D	RETAIN RECORD	ISUA 13a Si	RESIDENCE (IF IN) ATE  Md.	13P CONN.	ROTHER INSTITUTION, GIV IY Geo.	136. CITY OR TOWN	(NOI)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	Rando	(207 olph S	84) Street
9 %	and Sal	14FA	THER'S NAME		WIDDLE			15. MOTHER'S MAID	NAME			
1 3	WE 33 65	4	Guiller	mo	Salazar	Diaz		Consta	ınza We	eston	Cas	stillo
3 8	A STATE OF	Ide W	AS DECEASED EVE	R IN U.S. ARA		166. SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS		Same as
5 %	1	,,,,	No	-	WAR OR DATES!	223-80-0	261	Mario 7	rujillo	(Husba	and) a	above
RDS, 201 W. PRESTON ST EXECUTED WITHIN 24 HOL	ING" IN PENCIL IN TEM II TOCAL EXAMINER ALONG A BURNAT, TRANST PÉRMI H AND MENTAL HYGIBNE MATICNI, OR REMONAL	7	Conditions, if gove rise to cause (o) stotic lying couse las	ony, which immediate ag the under-	CAUSE (a) DUE TO, OR  (b) DUE TO, OR  (c)	AS A CONSEQUENCE	OF OF	CONDITION GIVEN IN PA		leion	BETV	WEEN ONSET AND DEATH
L RECORDS	F WED BE	VIIO	19g. DATE OF OPE	RATION	III CONDIT	ION FOR WHICH OPE	RATION W	N WAS PERFORMED?				AUTOPSY?
TAI HOU	SHESPE	IFIC.										YES NOT
DIVISION OF VITAL	NG THE WOOD TO THE OSHOULD BE PARTMENT PRIOR TO BU	CAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	R 21c HC	OW INJURY OCCURRE	D LENTER NATURE OF INJU	IRY IN ITEM 18 PART		
DIVIS!	RDE 36 3	MEDICAL	21d INJURY OCCU WHILE ON AT WORK AT		STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOW	И	COUNTY	STATE
EDICAL EXAMINER: 1	EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR; PAC AFTER DEATH, WITH THE STA BAETIMORE, MARYLAND, 212		27a. I certify that death resulted from ACTUAL SIGNATURE	Migu Migu	ol causes .	Bruguez	Autop:	Homicide	Undetermined man	nner ,	DATE SIGNED	0-4-85 On Vil
O	A A GE	20.0	(TYPE OR PRINT)	prima	-	dricuer		ADDRESS 500 9	Lay bein	1 CF. EL	mas A	111,100
-		(5)	RIAL, CREMATION		, ,	23c NAME OF CE			23d LOCATION CITY OR TOWN	l ove	COUNTY	VISTATE
25M	3P		remation	1 1	0/12/85	Metrop	OLIT	an Crema	REC'D. BY REGISTRATE	lex.	AR S SIGNAT	URE
	DHMH - 17 R AI5 ME (5))	Na	lley's	F.H.Ir	ic. Mt.	Rainier,	Md.	UC	1 1 0 1965	0		



V =1			FOR			DEPART			ARYLAND AND MENTAL H	HYGIENE	5"	13		1 9
29	5183		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH							).	) i 0	
	W ~ 6 St C		CEASED NAME E OR PRINT)	RENN		MIDOLE	******	TURN	IAST IFD	OF	KNOWN ESTI-	( MONTH	04 <sub>19</sub>	YEAR 25 HOU
	7, PLEAS RECTOR JR FILES 2 HOUR V STREET	3. SE)		RACE	S. DATE OF BIRTH MONTH DAY Jan. 26,	1007	LAST BIRTHE	ARS IF UN	DER 1 YR. IF UNDER		NCED	MONTH	OAY	YEAR 24 HOU
	VERAL DI VERAL DI VITHIN 7	FC	RTHPLACE (STATE		76 CITIZEN OF WI			8 MARRI	ED NEVER MARR	IED 7 BATIM	ORE CITY OF	Oct	04 19 Y OF DEA	
	ELAY IS NECESSARY, PIEASE  THE FUNERAL DIRECTOR.  PAGE 5 FOR YOUR FILES.  EFILED. WITHIN 72 HOURS  S 201 W. PRESTON STREET.	Virginia 10 CITY OR TOWN OF DEATH  Largo USUAL RESIDENCE (IF IN NURSING HOM 138 STATE Maryland 138. COL			11. NAME OF HOS  (IF NOT IN SUCH FA	ingto	n Driv	re			PATION (TYPE RKING LIFE)	OF WORK	cle:	OF BUSINESS IDUSTRY
. 21201						13c. CITY	OR TOWN		136 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS				
BALTIMORE, MD. 21201	120		James		MIODLE A .		tasturn		15. MOTHER'S MAID JETO	me ,	NOOFE		Turi	ner
MITIMO	JRS AFTER 8. GIVI PA WITH FE F. PAGES DIVISION	160 V	VAS DECEASED E' ES, NO, OR UNKNOWN NO		RMED FORCES? E WAR OR DATES)		-03-8		Calvin	Hubbard	5 Ba	nnir	ngtor	n Dr.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EKECUTED WITHIN 24 HOL WOW" IN PENCIL IN ITEM IS ICAL EXAMINER ALONG A BURAL-TRANSIT FERMI A AND MENTAL HYGIENE, MATION, OR REMOVAL.	CERTIFICATION	Conditions, gave rise cause (a) sto lying couse I	If any, which to immediate ting the under ost.	TE CAUSE (6) CA DUE TO, OR (b) DUE TO, OR (c) (c)	rcino AS A COM	oma of	OF OF	OR CONDITION GIVEN IN PA	RT 1 (o).			BETWEEN	NOMET AND DEATH
DIVISION OF VITAL REC	DIVISION OF VITAL RECO THIS CERTIFICATE SHOULD BE WARDED TO THE CHIEF MED PAGE 3 SHOULD BE USED AS, FIATE DEPARTMENT OF HALTIT 21201 PROR TO BURAL, CRE		21a EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE	AUSE WAS OR CAUSE OF CURRED	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE (	F INJURY A. MONTH	DAY YEA	21c HC	AS PERFORMED?  OW INJURY OCCURRE  CATION  TREET	D (ENTER NATURE OF IN		ART I OR PAR		
•	TO MEDICAL EXAMINEE: THIS EXECUTE THE CERTIFICATE, WA PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE PAGE DEATH WITH THE STAT BARTMONE, MARYLAND, 212		220   certify the death resulted for the suited for the suited for the suite for the s	not I took char rom Natu	ge of the remains des prol causes X, sto P. Rod	Accident	z M.I		Homicide D. Deputy  5009 R	Undetermined mo	anner ,		10/4	4/1985 Md
07/84 25M	BP	(5	URIAL, CREMATIO Buria UNERAL DIRECT		Oct.8,1				R CREMATORY	23d LOCATION CITY OR TOWN LYNCHD REC'D. BY REGISTRA	9	COUN		VA STATE
	DHMH - 17 (VR A15 ME (5))		NAME	Hutch	erson 9	18 5	th Ly	nch.	Va.ncT	1 6 1985	deli	-	. <b>%</b>	

1 - STATE				H AND MENTAL HY	to go and a second	29514
REGISTRAR  1. DECEASED NAME	FIRST	MEDICALEZ	AMINEK 5	LAST LAST	REO.	
(TYPE OR PRINT)			I Indi		20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26.
	ose	Aguas		quico	DEATH MATED	10-31 1980
2357 W T	MC	ONTH DAY YEAR	LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER 24	PRONOUNCED P	MONTH DAY YEAR 72
Male BIRTHPLACE (ST	Caucasian	02 o3 12 CITIZEN OF WHAT COUNTS	73 YRS.		DEAD -/	0-3/ 1903/
FOREIGN COUNTRY)			MARE	RIED X NEVER MARRIED		OR COUNTY OF DEATH
Philippin		U.S.A.		WED DIVORCED		
71 1	OF DEATH	(IF NOT IN SUCH LACKITY, GIVE STRE		HER INSTITUTION	FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSIN OR INDUSTRY
Clinin	1:	2811 Colynis	Krod		Lawyer	Ret. Govt
SUAL RESIDENCE	136. COUNTY	13c. CITY O		13d INSIDE CITY LIMITS? 13	Be STREET ADDRESS 128	311 Glynis Road
Maryland	P.G.	Clin	ton	YES X NO [	Clinton, Md.	. 20735
14. FATHER'S NAME	MID	DDLE LA	ST.	15. MOTHER'S MAIDEN	NAME	LAST
Manuel		Urqui	00	Flavana		Aguas
160. WAS DECEASED	EVER IN U.S. ARMED I	FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	1281	Ps Glynis Road
No	N/A		36-9310	Evelyn Urqu		ton, Md. 20735
II CAUSE O	F DEATH (Enter only one ATH WAS CAUSED BY:	e cause per line far (a), (b), a	ind (c),)		Cardedla	
	e to immediate stating the <u>under-</u> se last.	DUE TO, OR AS A CONSE	QUENCE OF			
	ENIFICANT CONDITIONS CONTR	IBUTING TO GEATH BUT NOT RELATED	TO THE TERMINAL OISEA	SE OR CONDITION GIVEN IN PART 1	101.	
190. DATE OF	OPERATION	196. CONDITION FOR WI	HICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
E						YES N
- UNDERLYING	L CAUSE WAS OR GO CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	IOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	
21d. INJURY O	CCURRED	21e PLACE OF INJURY	AT HOME, 21f. LC	CATION		
WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.		STREET	CITY OR TOWN	COUNTY
		the remains described above	, held an Autor	psy . Inspection (	Inquiry .	and in my apinian
death resulte	d fram: / Natural ca	uses , Accident	, Suicide	, Hamicide .	Undetermined manner	],
ACTUAL	Alexa .	(3/)		TITLE (SPECIFY)		
ACTUAL SIGNATURE	Dugun	& J. Jelly	dely-	Deputy Deputy	_MEDICAL EXAMINER	DATE 50-31
EYAMINE P'S	NAME	-/- //	0			
	Meusto	P Rodriguez,	M.D.	ADDRES 5009 Ray	yburn Ct , Te	emple Hills, Md
TYPE OR PRIN						
230 BURIAL, CREMAT	ION, REMOVAL 236. D.	ATE 23c. NA	ME OF CEMETERY	OR CREMATORY	23d LOCATION	COUNTY STATE
230 BURIAL CREMAT (SPECETY) Burial	ION, REMOVAL 236. D.	L-04-85 Res			CITY OR TOWN	P.G. M
230 BURIAL, CREMAT (SPECIFY) Burial	ION, REMOVAL 236. D.	L-04-85 Res		Complete REC	CITY OR TOWN	000000

305094

	FOR STATE	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 3 5 2	9 5 2 0
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	10. 110011
1	ROSA		VONGARREL	10 27	85 6:05A <sub>M</sub>
ı	3 SEX	4 RACE	5. DATE OF BIRTH	C. AGE (A. C.	UNDER I YEAR IF UNDER 24 HRS
	FEMALE	CAUCASIAN	MAY 5, 1898	87 <sub>YRS.</sub>	
	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  GERMANY	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
	OCLINTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / SOUTHERN MARY LA	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY PRIVATE
-	USUAL RESIDENCE (IF NURSING HOME OF 136 COUNTY AND PRING		N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 4912 DUBLIN DR.	20746
1	14. FATHER'S NAME FIRST ANTON	MIDDLE LAST	IS MOTHER'S MAIDEN NA.	ME MIDDLE	LAST
	160 WAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES) 166 SOCIAL SECU 579–60–3		ADDRE¥912 D Garrel Suitland	ublin Dr. Md. 20746
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	ANDIAL INF	FAACTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5  104  4  5  104  4  5  104  105  105
		CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVEN	N IN PART 110
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	OB COLUMNIC CAUSE OF D		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
	OR CONTRIBUTING CONTRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	saw the deceased alive a obove, (I) (did) (did)	putal) attended, the deceosed from 10/26 19 3 19 3 19 3 19 3 19 3 19 3 19 3 19		deoth occurred on the date and hour	
	226 SIGNATURE	M		MEDICAL STAFF  DIRECTOR PHYSICIAN	10/27/85
Ī	224 PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS		

Philip Wistosky, M.D.

6188 Oxen Hill Road

d LOCATION CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY OCT. 30,1985 WASHINGTON NAT'L

SUITLAND, PRINCE GEORGE S MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

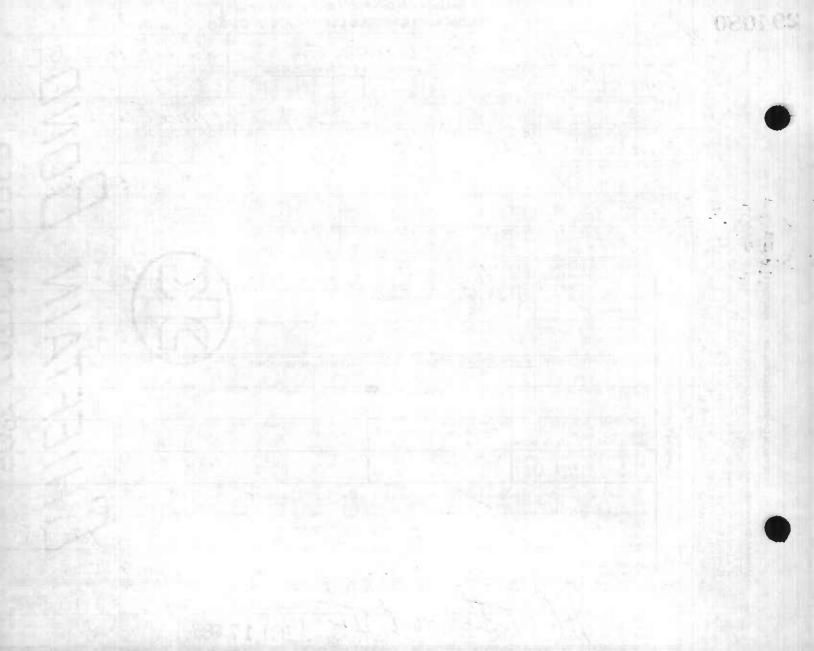
24 FUNERAL DIRECTOR A FUNERAL DIRECTOR LEE FUNERAL HOME, AD 66.33 OLD ALEXANDER FERRY RD., CLINTON, MD 20735 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Teto:	TO	shou	with	IMPO	1
BP.				_	
DHMH . (VR				/83	

ı		REGISTRAR				CERTIF	CATE OF DEA	IH	REG. N	0.			
ı		CEASED NAME	FIRST	A	AIDDLE	t,	AST .	20	. DATE OF DEATH		DAY YEAR	26. HOUR P	
ı	(Trre		Tune	В	ertha	Wa	lker		1	0-25-	85	2:00 M	
I	3. SE)			4 RACE		5. DATE O		YEAR 6	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.	
ı		Female	1	White		Feb			62	YRS			
ì		RIHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARI	RIED 9.	BALTIMORE CITY C	R COUNTY	OF DEATH		
ı	N	New York		USA		WIDOWE	DIVOR	CED []	Prince G	eorge		MD.	
P	10 CI	TY OR TOWN OF DE.	ATH			URSING HOME O STREET ADDRESS)	R OTHER INSTITUT	TION 12	B. USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR	
à	_	restvill			Whitn	-	nue		Statist.	ician	Cen	sus Bur	
	13a S	AL RESIDENCE (IF NUR	136 COUN	TY	13c. CITY OR	TOWN	134 INSIDE CITY L		STREET ADDRESS				
d	_	laryland	Pr (	George	Fore	stville		-	7005 Wh:	itney	Avenu	ue	
,	14. FA	THER'S NAME		AIDDLE	LAS	řΤ	15. MOTHER'S MA	IDEN NAME	MIDDLE		LAS	st	
4		John	F		Egge			uerit	e		Porte:		
		VAS DECEASED EVER	(IF YES, GIV	WAR OR DATES	166 SOCIAL	12 0694	17. INFORMANT	<b>T</b> - 7				Virgini	
ı		Yes	WWI:	I					Walker				
1		18 CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (	b) and ic		1100	CAn6		BETWEEN	ONSET AND DEATH	
1		PARTI. DEATH V	IMMEDIAT	E CAUSE (o)	ME	(四/4)	1/6 66	CON	CATAG	7			
-						SEQUENCE OF					1 8	רמש.	
	.09	Conditions, if any		( (b)								1102	
		gave rise to im- cause (a), stati	ng the	DUE TO, O	R AS A CONS	SEQUENCE OF					9831		
Ì		underlying coust	lost	(c)									
ı		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMINA	ALDISEASE OR CON	DITION GIV	EN IN PART I	0,	
	O												
h	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO					IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
	RTIF								YES NO	YES		NO []	
9		21a. ACCIDENT WAS UN		110110 4		H DAY YEAR	21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 P.	ART I OR PART 2)		
	N S	(IF EITHER, NOTIFY MED	CAL EXAMINER		Μ.	19			No. To the				
Ì	MEDICAL	21d. INJURY OCCUR		21e. PLACE		OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OF TO	OWN	COUNTY	STATE	
	-	MHILE NOT W	ORK -		V.9			0.88		- 25	0.5		
		220.1 certify that (I sow the decease	(this hospit	ol) ottended the	e deceased	from 85 Mar	, ,	9.85	to UCTODE	,		that (I) (we) last	
		sow the deceo	did) (did no	) view the body	ofter death	_19, or	Athat in (my) (our	) opinion dec	ith occurred on the d	ote and hour	ond from the	couses stated	
1		22b. SIGNATURIV			llve	GREE	NIDINIC	MEDICAL STA	cc	22c DAT	SIGNED		
g a		u	um	- /N	ON	my		NDING X	DIRECTOR PHYSIC		10	Pe 102	
		22d. PHYSICIAN'S N	AME (TYPE O	R PR		(/	22e. ADDRESS		S	uite	700		
											, 00		
		Alle	n M	londzac	M.I	0,	1145 1	9th S	t NW W	ash I			
		BURIAL, CREMATION	, REMOVAL	23b. DATE		23t NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	ash I	DC	. STATE	
		BURIAL, CREMATION	, REMOVAL	236. DATE 290ct	1985	230 NAME OF C	emetery or creation Nat	MATORY 1	23d LOCATION CITY OF TOWN Arling	ash I	OC Virg	jinia <sup>STATE</sup>	
		SURIAL, CREMATION  (SPECIFY)  Buria  UNERAL DIRECTOR	, REMOVAL	23b. DATE 290ct E Will	1985	Arling Funeral	EMETERY OR CREA	MATORY 1	23d LOCATION	ash I	OC Virg		

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00			TATE			AND MENTAL HY	12 14	9 5 2 2
2940	80		REGISTRAR	MEDICAL EXA	MINER'S	CERTIFICATE OF	DEATH REG. NO.	, , ,
	N		EASED NAME SURE E	lizabeth 1	lashin	a for	20 DATE KNOWN OF ESTI- DEATH MATED	10 - 14 1985 M
EAS	SEE	3 SEX		OF BIRTH 6 AG	E (IN YEARS   IF UI	NDER 1 YR. IF UNDER 24	/	ONTH DAY YEAR 24 HOUR
RY, PL	INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS FRESTON STREET,	Fo	male Black De	DAY YEAR LAS	BIRTHDAY) MONT			-14 1085 TPM
SS AS	P SAL	7a BI	RTHPLACE (STATE OR Th. CITI	ZEN OF WHAT COUNTRY?	8 MARR	IED NEVER MARRIED	P BASTIMORE CITY OF CO	OUNTY OF DEATH
8	SAN HER			USA	WIDOV		o Prince tol	NGRS MD.
8 × 8	PAGE 5	10 CI	YORTOWN OF DEATH IN NAV	ME OF HOSPITAL, NURSING OT IN SUCH PACHITY, GIVE STREET AS	HOME, OR OTH OBEST	HER INSTITUTION 12	o. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Secretary	WORK 12% KIND OF BUSINESS OR INDUSTRY
25	T WEEKS		L RESIDENCE IN NURSING HOME OR OTHER IN			J		019999
. 2120 F ANY	RETAIL HOULD MECER	_	Washington, D.C.	13c. CITY OR TO	OWN	YES NO D	36 Colum,	bia NU
MD.	- 20 - 1		THER'S NAME MIDDLE	LAST		15. MOTHER'S MAIDEN IN	WIDDLE	LAST
1 20 3	A SES		rnest Burton, Sr.				ne Wright	
O NOTE OF THE PARTY OF THE PART	SS ON T		(AS DECEASED EVER IN U.S. ARMED FOR S. NO, OR UNKNOWN)	(TES)		17. INFORMANT	ADDRESS	
1 4 分	A S G G G G G G G G G G G G G G G G G G		no	578 36	9024	James Bur	ton-son-3621	10th St., NW.
San	P P P P P P P P P P P P P P P P P P P		18 CAUSE OF DEATH (Enter only one co	use per line for (a), (b), and (	c).)	1	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	EMITS. DNG W ERMIT. IENE, D		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUS	Hypertens	ue Ca	read lisoc	ular derease	
PRESTO				LE TO/OR AS A CONSEQU	ENCE OF			
F H	JER ALL		Canditians, if any, which gave rise to immediate	(b)				
* *	AMENT.		cause (a) stating the <u>under</u>	UE TO, OR AS A CONSEQU	ENCE OF			
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ė	A E E E E		22s. I certify that I taak charge of the	remain de trans dabave, he	d an Autop	sy . Inspection	Inquiry , and in	my apinian
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WEDIC	EXECUTE THE CAGE 4 SHOULD FUNERAL IN FER DEATH, BARTIMORE, M	/	EXAMINER'S NAME Augusto	P Rodriguez,	M.D.	ADDRES 5009 Ray	burn Ct , Templ	le Hills, Md
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME Edward Watkins, 20. DATE KNOWN 76 HOUR avid OF ESTI-DEATH MATED KINS L. d Warrol avid S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. WHOER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Dec. 11/ 38 YRS TE CITIZEN OF WHAT COUNTRY? BACKMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR MARRIED NEVER MARRIED West Virginia WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY Self Employ Carpenter 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 16601 Livingston Rd NO K Accokeek P.G. YES \_ arvland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Angela Watkins, Sr. Edward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? same as (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-48-2906 Watkins, Sr. 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [ NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (ATHOME 11 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from-Natural couses Suicide Homicide Undetermined manner PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH, W TITLE (SPECIFY) Deputy EXAMINER'S NAME ADDRES 5009 Rayburn Ct , Tempel Hills. Md Rodriguez, M.D. (TYPE OR PRINT) Aufusto P. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Waldorf Charles. Md. Huntt Crematory 07/84 Cremation 24. FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M ADDRESS P.O. Box 156 DHMH - 17 (VR A) 5 ME (5)) Funeral Home Waldorf, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR    SOCIAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.
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Raymond Rohman Madeline Keech    16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR ORD DATES)   No   18 CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c).)     PART I DEATH WAS CAUSED BY:   Image:   Image
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EXAMINER'S NAME Augusto P Rodriguez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, I
(SPECIFY) COUNTY
07/84 BP Cremation 230ct85 Cedar Hill Crematory Suitland PG Md
DHMH - 17  24 FUNERAL DIRECTOR E Wilhelmess  250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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## STATE OF MARYLAND

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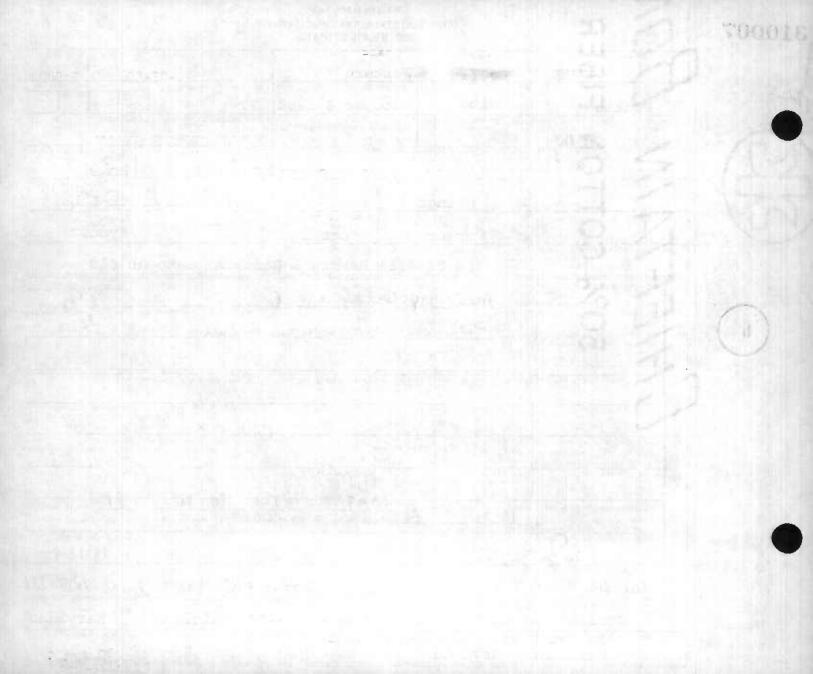
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TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial. MPORTANT: If them 21 is marked or them 18 thows any



DHMH - 16 60M 7/84 (VRA 15, 4)

Beall Funeral Home

Burial

(SPECIFY)

Wat 16000 Annapolis Road Bowie, MD 20715-3043

Oct 24.1985 Lakemont Mem. Gardens

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Davidsonville, Anne Arundel,

2:00

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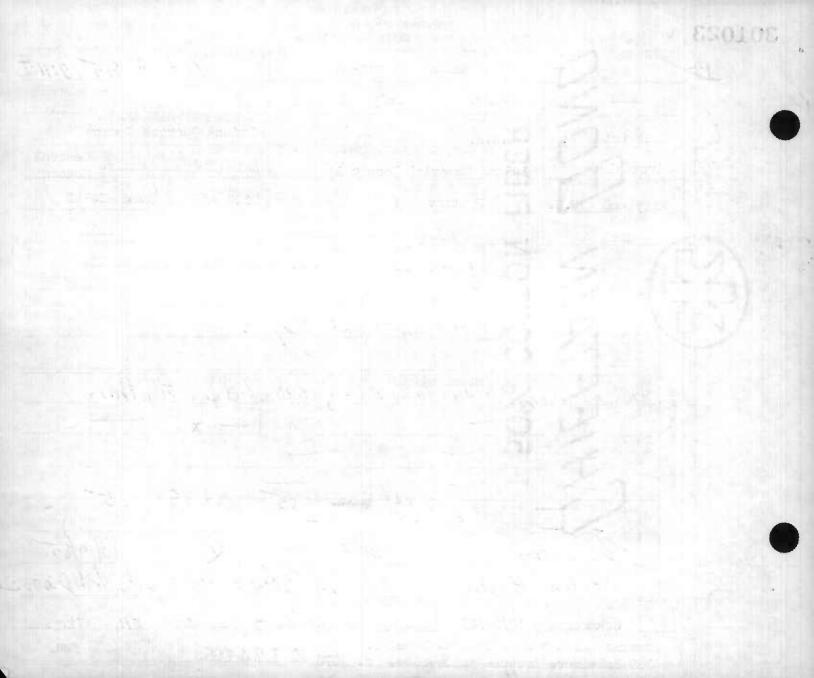
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	DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPARTO	MEDICAL	21d INJURY O		21e PLACE C	OF INJURY (AT HOME,	211. LOC	ATION				
	S C RELEGIO	Z	WHILE D	NOT WHILE X	X STREET, FACT	ory, farm, etc.)		Ochorno S		ortown	Unner	Marlboro,
	STA STA									Pri	nce Ge	orge's Co.,
	AMINER: BE FORE BETOR: BY AND		22a. I certify	that I took charg	ge of the remoins	abave, held an	Autops	y XX Inspectio		quiry L	nd in my opinio	on Md.
	MER DES		deoth resulte	aframe Natu	rol cous	cident XX, S	vicid	, Homicide .	Undetermin	ed manner		
	X83=33		ACTUAL	10000	, XIETA	10 4/2	1/1/1	TITLE (SPECIFY)			DATE	10 1 05
	3世紀第年世 一		SIGNATUR	·uu	CCB /	my/V/	VIV CM	D Assistant	C_MEDICAL	EXAMINER	DATE SIGNED_	10-1-85
	NO N	/	EXAMINER'S	NAME Der	nis F. Sm	vth. M.D.		ADDRESS 111 Pe	enn St.	. Balto.	. Md.	21201
	ON OF THE	122	TYPE OR PRIN	1								
16	19990			ION, REMOVAL	10/2/85	73c. NAME OF CE		em. Pk.	23d LOCAT	oh bunc	COUNTY	VA STATE
1 9	W BP	-	emoval	OR 11-	10/2/00	TOPE H	111 1016	CO 1750 DATE	REC'D BY PEG	chburg,	ISTRAR'S SIGI	
	DHMH - 17		NAME	Hen	ry VV ADDRESS	enkins & S	21212	2 OC7	T / 4	NC INC		74
	(VR A15 ME (5))	149	05 Yor	k Road	Balto.,	( IVID	2121	- 00	4 1	85 June	willy about	- Handelle

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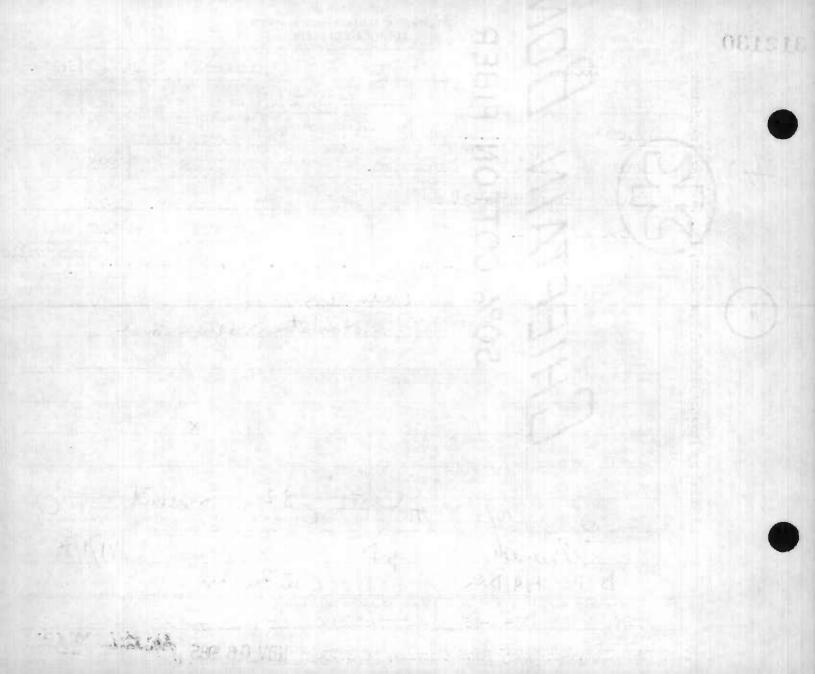
## STATE OF MARYLAND

5	2	9	5	3	0
REG NO					

.023	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 3 6 7
- 1h		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
de de de		Car			Oct 19 1985 10:11
urs offer	3. SE	Male	4 RACE White	July 13 1908	6 AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR   IF UNDER 24 HOURS   MONTHS DATE HOURS   M
within 72 hou	M	RTHPLACE (STATE OR FOREIGN COUNTRY)  SOURT	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges County
filed #	R:	iverdale	Leland Memoria	1 Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Genera. Sales Representative Motors
hould be	13a S	faryland P.G.		13d. INSIDE CITY LIMITS? YES X NO	7300 Adelphi Road 20783
Fond 2's	-	ATHER'S NAME FIRST  Carl	R. Wilson		MIDDLE Hall
s. Poges:	- 0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES, ( JO	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 489-09-0		ilson (Wife) Same as 13e
ar remayab		18 CAUSE OF DEATH (Enfer PART I. DEATH WAS CAU! IMMEDI	DUE TO OR AS A CONSEQUE	NCE OF 1	
i permit. Then please remove carbons, ene prior to buriol, cremalion, or remores any injury, or ather troumotic eve	TIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF  DEATH BUT NOT RELATED TO THE TERM  THE Z CAD, COPD.	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
it Then please remove carboni for to burlal, cremation, or rem by injury, or ather troumotic eve	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN H20 TEM (a)	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  T CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH  DISCONDITION FOR WHICH  21b TIME OF INJURY HOUR A.M. MONTH DA	NCE OF  DEATH BUT NOT RELATED TO THE TERM  CLUB 2 CAD COPD  OPERATION WAS PERFORMED  Y YEAR  19  211 LOCATION	INAL DISEASE OR CONDITION GIVENUIN PART TO  AND CUrou'C FORTHER  700 AUTOPSY?  100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ched for use as the bural-transit permit. Then please remove carbons, Dept. of Health and Mental Hygene prior to bural, cremation, ar rem them 21 is marked or tem. 18 shows any injury, ar ather traumotic eve		Conditions, if ony, which gove rise to immediate couse ion, storing the underlying couse lost.  PART 2 OTHER SIGNIFICAN H20 CHERD OF CONTRIBUTING CAUSE OF CIFETHER NOTHY MEDICAL EXAMINATION COURRED CONTRIBUTION COURS CONTRIBUTION COURS CONTRIBUTION COURS CONTRIBUTION C	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  T CONDITIONS CONTRIBUTING TO D  (c)  TO CONDITION FOR WHICH  (ER)  P.M.  218 TIME OF INJURY HOUR A.M. MONTH DA  (ER)  P.M.  219 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FACTORY)  (c)  (c)  (d)  (e)  (e)  (e)  (e)  (e)  (e)  (e	NCE OF  DEATH BUT NOT RELATED TO THE TERM  CLUB 2 CAD COPD  OPERATION WAS PERFORMED  Y YEAR  19  211 LOCATION  STREET  19  OPERATION  DEGREE	INAL DISEASE OR CONDITION GIVENUIS PART TO  CURRENCE FOR CONDITION GIVENUIS PART TO  200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO  CED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STATE  TO DCA  19 S  that (1) (wa)  death occurred on the date and hour and from the couses stated
ionsit permit. Then please remove carbons, Hygiene prior to buriol, cremation, ar rem. I 8 shows any injury, ar ather traumatic eve	MEDICAL	Conditions, if ony, which gove rise to immediate couse to isoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN A 20 THER SIGNIFICAN A 20 THER SIGNIFICAN A 20 THER SIGNIFICAN A 20 THE SIGNIFICAN A 20	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  T CONDITIONS CONTRIBUTING TO D  (c)  T CONDITIONS CONTRIBUTING TO D  (c)  T CONDITION FOR WHICH  (ER)  P.M.  21e. PLACE OF INJURY  (AT HOME, STREET FACTORY OFFICE FACTOR	NCE OF  DEATH BUT NOT RELATED TO THE TERM  CLUB 2 CAD COPD  OPERATION WAS PERFORMED  Y YEAR  19  211 LOCATION  STREET  19  OPERATION  DEGREE	INAL DISEASE OR CONDITION GIVEN IN PART 1 TO  AND CURENIC TOPOLORY  200 AUTOPSY?  100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO COUNTY  STATE  10 19 that (I) (W)  death occurred on the date and hour and from the causes stated  276 DATE SIGNED



	FOR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENER 5 2	9531				
312130	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
o wt	1 DECEASED NAME FIRST	ADA	WOOD	October 31, 198	5 25 HOUR 5:35A.				
noy b	3 SEX	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
edor.	FEMALE	WHITE	December 13, 1916	68 <sub>YRS</sub>	MONTHS DAYS HOURS MIN.				
heoth. Page 4 may nerol director, pag in 72 hours ofter de	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTS U.S.A.	MARRIEXX NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE					
oy the fur de lifed within	CLINTON	(IF NOT IN SUCH PACILITY, GIVE STR	ISING HOME OR OTHER INSTITUTION REET ADDRESS) DSA AVE.	120 USUAL OCCUPATION (TYPE OF WORKING LIFT HOMEMAKER	12b. KIND OF BUSINESS OR				
AND 212	MARYLAND Pri	AE OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 136 CLTY OR TO NCeGeorge Clintor	U AFRE NO [] E	136 STREET ADDRESS / ZIP CODE 3810 Minosa Ave	20735				
MARYL ed within ond 2 si	14 FATHER'S NAME FIRST CHARLES	i. CARROLI	L MARY PREST	HENRIETTÄ	NORRIS AST				
MORE, n and co Pages 1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE SOIVE WAR OR DATES) 577–22	-0838 Mr. James R.	. Wood,7102 Leona	St., Forrestvil				
DN ST., BALTIMA  CLOTT OF CHOOLO  CLOTT	PART I. DEATH WAS CA	er only one couse per line for 101, (b), USED BY: DIATE CAUSE (0)	manten		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN The low requires that the content of the low requires that the content of physician with the please removed. The person of the burnol-tronsit permit Then please removed. The person of the pe		DUE TO, OR AS A CONSEC	metastate	MINAL DISEASE OR CONDITION GIV					
he law recon.  hos been to permit I ene prior!	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO				
I OF VITA I OF VITA GENTIFICATE Entiticate Fired-froms frem 18 sh  By  Dy	OR CONTRIBUTION TO CAUSE O	F DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)				
affection of the control of the cont	(IF EITHER NOTHY MEDICAL EXA 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI	CE FARM ETC ) 21f LOCATION STREET	CITY OF TOWN	COUNTY STATE				
ATTEND spital o Spital o CTOR. A CTOR. A Lifor use of Heal of Heal	22a I certify that (I) (this I	ospital) attended the deceased fro		death accurred on the date and hou	that (I (we) lost or and from the couses stated				
The Dest	22d. PHYSICIAN'S NAME (		ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	11/1/16				
TO HOSPITA retoined by TO FUNERA should be de with the Stot	DAT -	WAL T23b. DATE 12	34 NAME OF CEMETERY OR CREMATORY	Trad LOCATION	The Participation of the Control of				
BP	230. BURIAL, CREMATION, REMO		Resurrection Cemeter	CV Clinton	COUNTY STATE				
DHMH - 16 60M 7/84 (VRA 15, 4) 6	124 FUNERAL DIRECTOR Lee NA Funeral Ho 633 Old Alexande	me, Inc er Ferry Road Cli	nton, Md 20735 NG	TERECID. BY REGISTRAR 251 REGIST	SS SIGNATURE				



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOPE, MARYLAND 21201

## STATE OF MARYLAND

5	2	9	5	3	2
REG. NO.		101			

	1-	FOR STATE REGISTRAR			DEPART		OF HEALTH AND MENTAL HYGIENE 8 5 2 9 3 1 TIFICATE OF DEATH							2
1		OR BRIDGE	IRST	MIDE	l E	l	AST		20. DATE OF DE	ATH MC	NTH DA	Y YEAR	26 HOY	Ro
-		E	STHER	E <sub>1</sub> :	izabeth	WI	RIGHT			1	0 13	. 85	90	X M
	3 SEX	(	4. RA	ACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHD		UNDER TYEAR	IF UNDER	24 HRS
	Fe	male	Ca	ucasia	1	1110/111	ember 5	16500	67		YRS			
2		RTHPLACE (STATE OR FORE	IGN 75. C	ITIZEN OF WH	AT COUNTRY?	8	D NEVER M	1000	9 BALTIMORE	CITY OR C	COUNTYO	F DEATH		
)	Vi	rginia	US		- KOKO A	WIDOWE	DIV	ORCED -	PRINCE	GEOR	GES C	COUNTY		MD.
		TY OR TOWN OF DEATH					R OTHER INSTI	NOITUT	170 USUAL OCC			125 KIND C	F BUSINE	SSOR
0		CLINTON MD		OUTHER			SPITAL		Elevator				overn	ment
)	13a S Ma		b. COUNTY		CITY OR TOV	VN	13d. INSIDE CI	Y LIMITS?	13e STREET ADD 203 Lat	RESS / Z	IP CODE			
1	To	mes W. Thom	MIDDL	E	LAST			IRST		IDDLE		LAS	ī	
-	_	MES W. Thom		FORCES? 161	. SOCIAL SECI	URITY NO.	17 INFORMAN	A. Fl		ADDRESS				
	No		if yes give was N/A		218-38-	7716	Torra	Cough	- Same A	VC :#1	3 7-2	,		
	IVO	18 CAUSE OF DEATH					Loerry	cougir	- Saute A	Lift. Cr	J A-L		IMATE INTER	VAL
i		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Candy. Pulminary brief									1 /	i he	P	
		DUE TO, OR AS A CONSEQUENCE OF												77.
		Conditions, if any, which gove rise to immediate cause (a), staffing the underlying cause lost.  (b) As temperature fellow for the first form of the cause lost.								3480	ш			
	NO	PART 2 OTHER SIGNIFI	ICANT CONI	DITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED	1	NAL DISEASE OF	r CONDIT	ION GIVEN	N IN PART 1	a	
7	CATI	190 DATE OF OPERATIO	N	19b. CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFOR		200 AUTOPSY	(2 1)	Ob. IF YES, V	WERE FINDING	NGS USER	)
	TIF			45-14					YES NO YES			ING CAUSES OF DEATH?		
7	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS LIFEITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH D	AY YEAR	21c. HOW INJ	URY OCCURRI	ED (ENTERNATURE	OF INJURY II	N ITEM 18 PAR	IT ( OR PART 2)		
	MEDI	21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK		21e PLACE OF (AT HOME STREET	INJURY FACTORY, OFFICE.	FARM, ETC )	211 LOCATIO STREET	N	ÇII	TY OR TOWN		COUNTY	5	TATE
		22a I certify that (I) (the		attended the d		85 0	April	. 19 23	ta leath occurred ar	the date	2/11, 19		that (I) (w	
		obove, (1) (we) (did) (did not) view the body after death.						opiman a	edili occorred di	Tille date	and naur c	22c. DATE		irea
		22b. SIGNATURE					DEGREE A1	TENDING	MEDICAL DIRECTOR   1	STAFF	NΠ	10/	12/1	75
Ī		224 PHYSICIAN'S NAMI	E (TYPE OR PRIN	of gran			22e ADDRESS		Livings			Suite	a 101	_
-		R. Nedzbal	1. M.	D.			Fort		gton, Ma					
		URIAL, CREMATION, REA			73¢	NAME OF C	EMETERY OR C		23d LOCATIO	N		0.00		
		specify)	Oct	ober 1	7, 1985	Ceda	ar Hill	Cemete	ry Suit		, Mar	yland	S	TATE
		INERAL DIRECTOR Le							REC'D. BY REGI	STRAR 25			URE	

DHMH - 16 60M 7/84

TO HOSPITAL

BP

(VRA 15, 46633 Old Alexander Ferry Road, Clinton, Maryland

250 DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ULT 15 1885 yuha wandoon-han Julia Vandson-Handalle

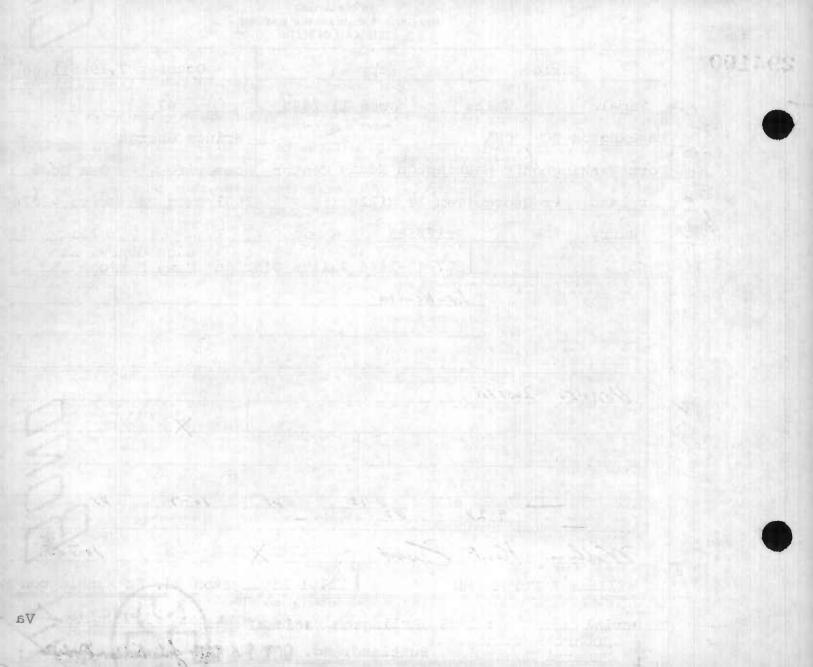


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 29. DATE KNOWN (TYPE OR PRINT) ESTI-18 19 81 ennard DEATH MATED CAT 4 RACE 5 DATE OF BIRTH 3. SEX AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED OUR DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17n USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS UREL 133072 netenancy SCHOO 13d. INSIDE GAY LIMITS? 13e STREET ADDRESS YES TH NO [] 1021 HARRISON 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Bertho 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1021 HARRISON ST LAUREL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: inte unocovella IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DEPARTMENT OF HEAD PRIOR TO BURIAL OF 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NIA YES [] NO [ 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 11/1 CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE PAGE 4 SHOUID BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes death resulted fram: Hamicide L Undetermined manner 007 18 1985 EXAMINER'S NAME (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 236 PATE 23d. LOCATION 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (S))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n. DATE OF DEATH 1. DECEASED NAME FIRST 7h HOUR AM LITYPE OR PRINT Marie October 7,1985 Zepp 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX AONTHS DAYS HOMBS MONTH DAY Female White 1898 87 YRS June BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington DC USA WIDOWED DIVORCED | Prince George IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington Rehab Center Fort WashingtohFt Housewife Own Home THE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN George Temple HillsES 2601 Oxon Run Drive Marvland Pr 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Griffith Harry W Mamie Ralla BALTIMORE, In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Geneva Lane LIE YES GIVE WAR OR DATEST 577-40-1444 Julius O'Brien Camp Springs, Md No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Fukemia PRESTON ST., IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION LUSTEN 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NO. Hygir 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIFEITHER NOTIFY MEDICAL EXAMINER) 19 W 21f. LOCATION 21d INJURY OCCURRED 71a PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1. NOI WHILE 220 I certify that (1) (this houpital) attended the deceased from. 85 , and that in (my) (our) opinion death accurred on the date and have and from the causes stated saw the deceased alive an\_ above. (1) (we) (did not) view the body ofter depth 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING & / MEDICAL STAFF 10-7.85 FUNERAL old be deto DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS PHYSICIAN'S NAME (TYPE OR PRINT PORT/ 11701 Livingston Rd. Ft Washington M William K Furst MD £ 0 % 23d LOCATION 23ª BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE CITY OR TOWN Arlington BP. 90ct1985 Cemetery Burial 24 FUNERAL DIRECTOR E Wilhelm DHMH - 16 50M 4/B3 Suitland, Md.

(VRA 15, 4)

Funeral Home



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 304098 MEDICAL EXAMINER'S CERTIFICATE OF DE⊠TH ✓ REGISTRAR 1. DECEASED NAME 20. DATE KNOWNXX MONTH 76 HOUR (TYPE OR PRINT) ESTI-TIS NECESSARY, PLEASE
HE FUNERAL DIRECTOR.
GE 5 FOR YOUR FILES.
LED, WITHIN 72 HOURS
01 W, PRESTON STREET, Madeline Ziegler A. DEATH MATED 0-21 19 85 3 SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE 11:30 LAST BIRTHDAY PRONOUNCED Female White 6/16/1924 1985 61 DEAD a. M To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Wash. D.C. U.S.A. Prince George's County. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 170. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rt.1 north of Powder Mill Road Beltsville Ret. Exec. Secv U.S. NaVY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 136 COUNTY 13c CITY OR TOWN Md. 9216-Twin Hill Lane Pr. Geo. Laurel 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Wilbur Julia Townsend Mealev 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRES4712-Naples Ave. (YES, NO, OR UNKNOWN) 578-24-0668 Philip T. Ziegler Beltsville. Md. 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF PAGE 4 SHOULD BE FORWARDED TO THE CH TO FURREN DRECTOR; PAGE 3 SHOULD BE UT AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES 🗆 NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 11: 20XX 10-21 19 85 passenger in auto impacted by a van 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Rt.1 north of Powder Mill Rd., Beltsville, road Prince George's Co., 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection XX death resulted Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-22-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23a BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Mcl. 10/25/85 Ft. Lincoln Cem. Pr. Geo. Brentwood 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Nalley's F.H. Inc. Mainier, Md. (VR A15 ME (5))

A STATE OF THE STA